

OLDER AMERICANS IN RURAL AREAS

HEARINGS
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FIRST CONGRESS
SECOND SESSION

PART 9—WASHINGTON, D.C.

MAY 26, 1970



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 - Part 12. Wallace-Clarksburg, W. Va., October 28, 1970.

CONTENTS

| | Page |
|---|------|
| Statement of Senator Vance Hartke..... | 579 |
| Statement by Senator Winston Prouty, presiding..... | 581 |

CHRONOLOGICAL LIST OF WITNESSES

| | |
|---|-----|
| Whitlock, Mrs. Carolyn, director, Brandon Foster Grandparent Program, Brandon, Vt..... | 586 |
| Christowe, Hon. Stoyan, Senator of Vermont State Legislature and chairman of the Committee to Study Drugs and Licensing of Pharmacists..... | 589 |
| Whittlesey, Miss Margaret, chairman, Vermont Council on Aging..... | 595 |
| Jewett, Silas H., president, Lamoille County Civic Association (prepared statement)..... | 599 |
| Brungardt, Mrs. A. O., Brattleboro, Vt. (prepared statement)..... | 600 |
| Smith, Hon. James V., Administrator, Farmers Home Administration..... | 604 |
| Malotky, Louis D., acting Assistant Administrator for Housing..... | 604 |
| Davis, Dr. George E., Executive Director, Committee on the Aging and Aged, Indianapolis, Ind..... | 613 |

APPENDIX

| | |
|--|-----|
| Appendix 1: Additional information from individuals and organizations: | |
| Item 1. Letter from Dorothy Bauer to William Oriol..... | 639 |
| Exhibit 1. Letter and statement from Roger S. Leach..... | 639 |

OLDER AMERICANS IN RURAL AREAS

TUESDAY, MAY 26, 1970

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The committee met at 10 a.m., pursuant to notice, in room 6202, New Senate Office Building, Hon. Winston L. Prouty presiding.

Present: Senators Hartke and Prouty.

Staff members present: William E. Oriol, staff director; David Affeldt, counsel; John Guy Miller, minority staff director; Thomas Patton, professional staff; Thomas Brunner, special assistant; Peggy Fecik and Elaine Mallette, clerks.

Senator PROUTY. The hearing will please come to order.

Senator Hartke, who is scheduled to preside at this hearing, has been delayed. We have word that he will arrive at some later time, and in order not to delay these proceedings he has asked me to begin. Without objection, the opening statement of Senate Hartke will be inserted in the record at this point.

(The statement follows:)

STATEMENT OF VANCE HARTKE, U.S. SENATOR FROM INDIANA

Today the U.S. Senate Special Committee on Aging meets for its eighth hearing on "Older Americans in Rural Areas."

And for the first time, we meet in Washington, D.C.

We have been out on the road: to Iowa, to two small towns in the hills of eastern Kentucky, to southern Indiana, to a meeting hall in Mississippi, to Arkansas, and to a tiny town and the capital city of Idaho.

We had to get out and see for ourselves what our subject is all about.

We had to see what it means to be old, and to live in the remote rural reaches of this Nation.

And here is what we found:

FINDINGS FROM FIELD HEARINGS

That retirement income is generally lower in rural areas simply because earnings during the work lifetime have been generally lower. Our elders of rural America are among those in greatest need of increases in minimum social security benefits.

The 5-percent increase voted by the House—welcome as it is—still does not catch up with the levels I proposed in my bill, S. 3100, last year. And it does not do enough to raise minimum benefits.

Second, the committee has confirmed the common assumption that there is a much higher proportion of the elderly in rural regions than average for the Nation as a whole.

And so here we have a growing population group with special needs: the need for good medical care, the need for special services that will enable them to live in their homes instead of in institutions, the need for good transportation, the need for satisfying work.

But they live in small towns which often lack resources with which health care facilities, service programs, and institutions can be maintained. Quite often, the communities lack even the funds needed for modest matching money needed for Federal help.

Third, we have found that the Administration on Aging, the Department of Labor, and the Office on Economic Opportunity, in particular, have sponsored pilot programs which clearly demonstrate that the elderly are capable and willing to work on self-help projects which benefit them and their communities. The Green Thumb program is an outstanding example. We have seen others: home rehabilitation projects in Kentucky and in Arkansas, a senior center in Idaho which uses a nutrition program as the basis for providing other services, and much else.

Yes, we have pilot programs. Yes, they have succeeded. But will they be funded as adequately as they should? Will they be funded at all if creeping retrenchment weakens both the AOA and the OEO.

My fourth point—and the major point of this hearing and another to be conducted next Tuesday, is that the housing needs of the rural elderly must receive more concern and attention from this committee, from the Congress in general, and—most definitely—the executive branch. Our transcripts are already weighted down with evidence of need.

It was 20 years ago that the Housing Act of 1949 authorized a rural housing program. But the sad statistics of 1970 show that two thirds of all the Nation's substandard housing are in rural America.

6 MILLION SUBSTANDARD HOMES IN RURAL AMERICA

There are 6 million of these substandard homes in rural areas, and we have seen many of them along the way.

For these reasons, I will ask several questions during this hearing and at next Tuesday's session:

What more can be done to help the Farmers Home Administration do its job? At our field hearings we've heard from the State administrators of the FHA programs. They're good men, most of them. They're trying to do their job. But when it comes right down to providing help where it is most needed, they must deny it under present rules.

Will the present administration take note of the significant programs on home rehabilitation now underway in eastern Kentucky and in Arkansas? These programs provide employment while they improve shelter. They should be broadened, not curtailed.

Will Congress reach a clearcut decision on bills that would bring mobile homes more within the reach of the elderly and others in rural areas? My own feeling is that there are great possibilities here, including relocation of those elderly who wish to move closer to towns. For

those elderly who chose to remain in remote regions, mobile units could be used as substitute housing for the uninhabitable shacks that must be seen to be believed.

I am glad that we will have witnesses from the mobile home industry during these sessions. I am glad too that the Farmers Home Administration will be represented. We have much to discuss, and so I will call the first witnesses.

But before I do, I would like to extend my thanks to the distinguished Senator from Vermont, Senator Prouty, the ranking minority member of this committee. He has arranged for several witnesses to give us good New England testimony today, and we are grateful.

**STATEMENT BY WINSTON PROUTY, U.S. SENATOR FROM
VERMONT, PRESIDING**

Senator PROUTY. I am delighted to have three very distinguished Vermonters as witnesses this morning: Miss Margaret Whittlesey, chairman of the Vermont Council on Aging; the Honorable Stoyan Christowe, a senator of the State legislature and chairman of the Committee to Study Drugs and Licensing of Pharmacists; and Mrs. Caroline Whitlock, director of the Brandon Foster Grandparent program, of Brandon, Vt.

That Vermont should be so ably represented today is doubly important to the committee's work because more than half of the Nation's over 65 population live in rural communities and small cities such as are typical of our State.

The need for decent standards of living, of course, heads the list of priorities. Achievement of this goal calls for a combination of efforts such as increases in Social Security, encouragement of effective private pension plans, and control of inflation.

Even these steps, however, will not eliminate poverty among the elderly—a situation which I regard as intolerable.

OLDER AMERICANS INCOME ASSURANCE ACT

It is for this reason I have introduced the Older Americans Income Assurance Act of 1970. Similar to a bill I introduced in 1968, it would use general revenues of the Federal Government to provide an assured income of \$1,800 a year for an individual past 65 and \$2,400 for an aged couple, slightly more than the present poverty threshold. It would not require a means test based on assets.

I shall ask that the text of my statement when I introduced S. 3554, the Older Americans Income Assurance Act of 1970, be placed in the record of this hearing at the end of these remarks.

(The statement follows:)

**STATEMENT ON INTRODUCTION OF THE OLDER AMERICANS INCOME ASSURANCE
ACT OF 1970**

Mr. President, I introduce for appropriate reference the Older Americans Income Assurance Act of 1970. I ask unanimous consent that the bill be printed in the Record immediately following my remarks.

Mr. President, today I am introducing the "Older Americans Income Assurance Act of 1970."—It is identical in concept to S. 3654, a bill I introduced in the 90th Congress.

The proposal itself is simple in operation, but basic in its concept and profound in its consequences. It assures an income to all citizens age 65 or over to be paid out of the general revenues. The Social Security Administration would administer the program and make the appropriate monthly payments based on both earned and unearned income. It would not require a means test based on assets.

I have set the assured income level at \$1800 per year for an individual and \$2400 for an aged couple. These amounts exceed slightly the present poverty threshold of \$1665 and \$2100 for non-farm elderly. As we know, the established figures for poverty level income provide only for bare subsistence, and my proposal takes this into account.

Mr. President, I am firmly committed to the elimination of poverty within all groups in our country, and it is encouraging that President Nixon has taken the initiative in his comprehensive welfare reform proposals to establish a minimum standard income coupled with work incentive and training programs. However, I have concluded that the President's proposals with regard to old age assistance are inadequate to meet the special needs of the elderly. Poverty among the aged, many of whom have worked a lifetime only to reap a bitter harvest in retirement, is intolerable. I do not believe it is too much to ask that we commit ourselves to abolishing poverty among the group which suffers most from it and can do the least about it, the elderly. For these reasons, I am proposing that Congress face up squarely to the acute and special needs of the elderly.

Older people have no means for relieving themselves of the burden of poverty. Most of them cannot work. Job incentives and training programs, which are necessary for welfare reform affecting younger Americans, are almost meaningless to the great majority of older persons.

President Nixon quite properly lays stress on work incentives and training in his family assistance plan. As the President said in his welfare message to Congress, a guaranteed minimum annual income for all Americans, without work incentives, would "wipe out the basic economic motivation for work, and place an enormous strain on the industrious to pay for the leisure of the lazy.

President Nixon's proposal to set a \$90 a month floor on old age assistance simply does not go far enough. His proposal would not eliminate poverty; it would serve only to alleviate it somewhat. His proposal would not eliminate degrading "means" tests, it would only alleviate their severity.

We all recognize the need for comprehensive welfare reform and for better means of attacking the problem of poverty. The difference between what we in this nation "could" do toward alleviating poverty and hardship among our citizens and what we "should" do are enormous.

I fought hard for the continuation of the Economic Opportunity Act, Mr. President, but at that time it was crystal clear that we had no meaningful facts for determining how to best eliminate poverty among children, young adults and the middle aged. For that reason, I sponsored an amendment authorizing an in-depth investigation and analysis of the war on poverty by the Comptroller General.

In addition, I undertook a comprehensive study of my own to determine how we could fight a more effective war against poverty.

Nearly one year ago, Mr. President, I published the results of a survey I had conducted concerning the effectiveness of the war on poverty in the Nation's Capital. In March 1969 the Comptroller General released the over-all report of the General Accounting Office concerning the effectiveness of the war on poverty and finally we had some of the facts necessary for a pragmatic and effective attack against all poverty.

Having been a student and supporter of the war on poverty since its inception, I am particularly pleased that President Nixon has taken the initiative in welfare reform. As the President said: "My purpose is not to review the past record, but to present a new set of reforms—a new set of proposals—a new and drastically different approach to the way in which government cares for those in need, and to the way in which the responsibilities are shared between the state and Federal Governments."

The need for a new approach to welfare in this country has been long overdue. President Nixon is to be congratulated for his courage and insight in calling for a totally new approach.

If the President's proposal is adopted, no longer will welfare inspectors search for a man in the house during the dark of night.

No longer will social workers justify their jobs by preoccupation with the origins of the few semi-luxury items found in the homes of the poor.

No longer will welfare recipients avoid job training or job taking for fear of a reduction in their family income.

Now, Mr. President, the New Federalism President Nixon spoke of last August will help keep together young poverty stricken families by discarding the vindictive man-in-the-house rule presently prohibiting aid for dependent children.

The New Federalism will provide the child born into poverty with a better than average beginning for his education through child day care centers.

The New Federalism will restore to the able bodied the dignity that can come from self-support by removing the disincentives of the welfare dole and replacing them with meaningful job training, job placement and income incentives.

But, Mr. President, older Americans find that as with so many other things, this New Federalism has apparently passed them by.

President Nixon stated :

"A third of a century of centralizing power and responsibility in Washington has produced a bureaucratic monstrosity, cumbersome, unresponsive and ineffective.

"A third of a century of social experiment has left us a legacy of entrenched programs that have outlived their time or outgrown their purposes.

"A third of a century of unprecedented growth and change has strained our institutions, and raised serious questions about whether they are still adequate to the times."

I wholeheartedly agree with the President's analysis, which strikes at the basic reasons we have been unable to eliminate poverty. Yet when we analyze the President's proposals for reform in old age assistance programs, we find that he offers too little money and too much in complex eligibility standards. In short, the President offers the poverty-stricken older American more of the same.

A national standard for old age assistance is a third of a century old. By experience we now know that it represents an abrogation of Federal authority by permitting tyrannical, inhumane and degrading State eligibility standards for old age assistance.

The old Federalism tolerated State eligibility requirements for old age assistance which permitted each State to insist that an older American had to exhaust his savings, lose all his property, and have virtually no income before he could qualify for old age assistance. President Nixon's proposal, while setting certain uniform eligibility standards, still requires the States to determine need according to complicated eligibility formulae.

While the President has accepted the challenge of eliminating poverty for younger Americans, those over age 65 find their hopes for responsible and responsive Federalism dashed.

I hope that my efforts now and in the months ahead will help convince the President of the need for the Older Americans Income Assurance Act of 1970, thereby restoring the faith that older Americans have for the "New Federalism." The favorable response I received in support of my similar bill in 1968 was overwhelming, proving that the public approves of my approach to the problems of poverty.

We already have comprehensive data concerning the largest single group trapped by poverty—almost 7 million Americans age 65 or over.

Not only do older Americans constitute the largest single group trapped by poverty, but also that group is growing at an alarming rate. Overall, the number of poor persons has dropped since 1965 from 32,669,000 to 25,400,000 in 1968.

This was a significant improvement, but where did it come from? Getting behind the statistics, who actually moved out of poverty?

Mr. President, the fact is that the improvement in the poverty statistics was totally in the under-age-65 population. The shocking truth is that the number of poor over age 65 has actually increased between 1965 and 1968. Nearly 20 percent of those now living in poverty are age 65 or over. Ten years ago, 15 percent of the poor were older people. Three out of ten people aged 65 and older are living in poverty and many of them did not become poor until they became old.

I say this is shocking, because here is a group of Americans living in poverty and the shadow of death while we know the solution to their plight.

The solution is not education.

The solution is not job training.

The solution is not make-work.

The solution, Mr. President, is simply cash income.

Many of those age 65 or over are not able to work and indeed should not be expected to work. They have completed a lifetime of productive activity. In an affluent society such as ours it would seem they have a right to expect to live out their years without having to continue to work.

But, as a matter of fact, Mr. President, since the enactment of the Social Security Act in 1935 we have created an illusion of old age protection in this country. I say illusion because, for too many Americans, there is no old age protection.

It is an illusion because many Americans, who were covered by social security, earned such low wages that they find themselves eligible for a grossly inadequate minimum payment when they retire.

It is an illusion, because inflation continues to outdistance social security increases.

It is an illusion because many Americans were excluded from social security coverage during their working years.

In 1966, my amendment to the Tax Adjustment Act was adopted. That amendment provided the modest sum of \$35 a month to individuals over age 72 who had never been covered under social security.

When I first introduced the amendment I expected that from 300,000 to 350,000 individuals would be eligible for benefits. In fact, Mr. President, over a million Americans have received the benefit and 650,000 are currently receiving it.

Thousands have written to me in gratitude explaining that this paltry amount of money had made a significant difference to them.

Some were able to buy meat once a week rather than once a month.

Some were able to buy all of the medicine they needed rather than only a portion of it.

Some were able to regain dignity by getting off welfare.

That \$35 monthly payment has recently been increased to \$46, Mr. President, but I feel we can do better for those Americans existing in poverty and the shadow of death. Equally important, Mr. President, are those older Americans only eligible for minimum social security. An income of \$64 a month is simply not enough to live on.

Did you know, Mr. President, that over one million social security recipients are forced to supplement their meager social security benefit with welfare payments?

What disillusionment must plague these good people? Think about it. For a lifetime they have worked and paid the social security payroll tax, but then retire only to receive a benefit unable to sustain them.

Since 1964, I have sought to have the minimum social security benefit increased to \$70 a month. Finally, last year, former President Johnson supported this position. Nevertheless, the best we have been able to do in Congress was to raise the minimum to \$64 a month.

This then is the problem. Over 6 million Americans age 65 or over live in abject poverty. Over 2 million Americans, one-half of whom receive social security, are forced to abandon dignity and receive a welfare dole in order to exist.

President Nixon in summing up his excellent proposals for changing our national system of welfare states: "For those in the welfare system, today, or struggling to fight their way out of poverty, these measures offer a way to independence through the dignity of work."

He is absolutely correct. But, the older American has already felt the dignity of work and now feels but the indignity of poverty, often for the first time in his life.

For the two million older Americans now receiving welfare, the President offers only a \$90 a month minimum floor with the Federal Government paying the States the first \$50, 50% of the next \$15 and one-fourth of anything over \$65 a month. For some individuals in a few states, this new floor would probably result in a sizable increase in cash income. In many other states, the new floor would have little effect.

More importantly, in no State would the President's proposal restore lost dignity to all of the older Americans on welfare who have had to exhaust all their assets in order to be eligible for welfare.

The bill I introduce today would help those, who through no fault of their own, were never covered by social security during their working years. It would

also help those Americans who receive low social security payments either because they were covered late by social security or always had a low paying job.

In addition, this bill would strengthen the social security system by retaining the insurance principles without depriving older Americans of an adequate income. As originally intended the social security system was designed to maintain a relationship between earnings and benefits for all who paid the special tax. Over the years we have moved toward a welfare benefit concept by paying lower wage earners a progressively higher benefit.

Certainly, this is justified by compassion and need. However, in the process we are illogically shifting a welfare burden to employees and employers subject to the social security payroll tax. In my mind, an adequate income for older Americans is vitally needed. But it should be paid for by all taxpayers—not just those subject to social security. Moreover, under our social security system, which is wage-related, all income over \$7800 a year escapes taxation. What more equitable scheme than to spread the burden and the duty of caring for our elderly poor than to finance it out of the progressively scaled income tax revenues.

My bill represents a major step toward removing welfare from the social insurance concept. In the future we could have a two tier system of income maintenance for older Americans. One tier would be social security, representing a wage-based retirement income supplement. The other tier would be a supplement to social security financed by a broadly based tax in the form of a federally assured annual income.

Moreover, Mr. President, the welfare burden now facing almost all the States would be relieved to the extent that they discontinue old-age assistance. In the process much of the degrading stigma now attached to welfare would be ended. This coupled with the proposals made by President Nixon would make certain that we have turned the corner in our efforts to eliminate poverty.

Finally, Mr. President, let the "New Federalism" enunciated by President Nixon be responsive to the older Americans who often have their jobs behind them, their savings wiped out by inflation and their human dignity destroyed by welfare.

Let the Federal Government, under "New Federalism" finally assume a responsible role toward the older American after neglect and promises of over a third of a century.

The cost of keeping our promises will be substantial; but we cannot afford not to fulfill the promise, for the cost of broken promises is the immeasurable loss of human welfare and dignity.

In 1966 we in Congress took a step forward when the Prouty Amendment was adopted. It provided Federal help to those most in need, using general revenue financing.

I sincerely hope that the year 1970 finds us taking the next important step by providing assured income for older Americans.

The facts are too revealing.

The need is too great.

The answer is too clear.

PROPOSED MEDICARE IMPROVEMENTS

Senator PROUTY. Another area of great concern is improvements in medical care for older Americans. Only 45 percent of medical expenses of retirees is now borne by Medicare. With Senator Aiken and Senator Mansfield, I cosponsored S. 110 to make badly needed improvements in the Medicare program. This bill would eliminate the deductible and coinsurance features of the program, permit women to qualify at age 62, and include eye and dental care and prescription drugs among part B benefits.

One problem that deeply concerns me is transportation. While common to most of the elderly, it is particularly severe in rural areas. In urban areas much of the transportation problem is related to cost. In rural areas, adequate transportation is often nonexistent. Both problems deserve serious attention.

Transportation is more than simply getting to and from the grocery store or the doctor or church. It is a key element in combating lone-

liness. Transportation gives opportunity for the elderly to communicate with their fellow man and participate in satisfying activities.

Miss Whittlesey, Mrs. Whitlock and Senator Christowe will, I am sure, discuss the importance to older people of involvement in community life through activities such as the foster grandparent program and senior centers. Unquestionably we need to do more in these areas. I trust that we will learn much today about successes which should be encouraged and obstacles which should be eliminated.

The first member of the panel I am going to call on will be Mrs. Carolyn Whitlock.

STATEMENT OF MRS. CAROLYN WHITLOCK, DIRECTOR, BRANDON FOSTER GRANDPARENT PROGRAM, BRANDON, VT.

Mrs. WHITLOCK. Thank you.

For the past 4 years, I have had the privilege of working daily with 40 foster grandparents in Brandon, Vt. These persons represent our oldest generation for most of them are well into their 70's and 80's. The hundreds of people who come in contact with these senior employees are amazed at their vitality and unselfish devoted interest in their work.

TOO POOR FOR POVERTY PROGRAMS

In order to discuss the quality of life for poor elderly rural Americans in 1970 I have considered the lives of my foster grandparents before they joined the program and the lives and needs of many more rural older persons I have talked to—found no answer for—and heard about through associations with Vermont Community Action aides. The conclusion I have come to is that the rural aged poor are too poor for poverty programs and much too poor for other State and Federal social services. May I mention that I have spent most of my life in Madison, Wis., and lived recently for 10 years in the center of New York City, so that this conclusion is tempered with some understanding of aged poor persons in other than a sparsely populated rural area, and a belief that poverty programs can and probably do reach aged persons in city settings. Having lived in cities, I strongly question the statistics that one often hears regarding aged persons being able to live on less money in rural settings than in urban. I would hope that the following observations of the conditions and character of rural elderly poor persons might explain my conclusion that they are too poor.

1. First and foremost, there is no transportation for them and they usually live alone, often at great distances from doctors, social welfare offices, mental health services, grocery or drug stores. Visiting nurse service is impossible to even consider as is the mileage involved for any regular treatment, social, recreational, or educational services. If the aged are physically able to drive a car, the expenses of car ownership make it difficult or impossible to buy food as well as gasoline. About a third of my foster grandparents have cars and most of them are old used cars so the repair costs are frequent.

2. Food and other commodity costs in rural settings are higher than urban. Many elderly persons depend on their gardens to supplement their food needs. One would wish that fine programs such as "meals

on wheels" could serve them but it would be hard to program in very rural areas.

3. Most aged poor cannot afford telephones and do not have neighbors close enough to sense the security of their phones.

4. Complete isolation is frequently their existence. If a nearby town has something like a senior center, there is no way to get to it and very possibly it might not last long anyhow, for small towns often don't have the financial resources that cities have from other social services to come up with the matching funds for senior center grants.

5. Elderly rural persons may have less than \$1,000 a year total income and heating bills can run \$200, \$300, or more per year, plus taxes, electricity costs, et cetera. It is a wonder they have money left to eat. Buying clothing, repairing leaky roofs, house repairs, or paint are impossible expenses. Also impossible are costs of changing to modern heating systems when the aged are no longer physically able to tend wood and coal stoves. If their wells run dry, they will have to live without water. A quick answer might be to move such persons to old age homes but this is feared for the elderly feel life would stop completely for them, as it so often does.

6. It seems that the great majority of rural aged poor persons had always managed to meet their own financial needs until circumstances of old age and inflation entered their lives.

7. Most small towns have no doctors and few persons have doctors who will make home visits. Elderly persons health is perhaps best reflected in the performance records of our program which seems to clearly show that serious illnesses for the aged do not necessarily mean the end of independent living and the beginning of a futile, expensive nursing home existence. These records are perhaps contrary to those of many unhappy older Americans who feel unneeded by anyone.

Seventy percent of our foster grandparents are over 70, but in our 40-person program only nine persons had to be replaced in 4 years. We still have 10 of our first 15 foster grandparents. Many of them have had serious illnesses and operations—seven just in this last winter—but they have all really struggled back to good health because they had a good reason to live, they were happy and needed. As a group the grandparents seem to improve as years go by, physically and emotionally. The local doctor who gives them annual physicals has commented that their sustained good health is remarkable. Emotionally, they seem to project more self-confidence in their ability to do their jobs and to relate to other employees. One example of "being needed" affecting physical health is our 80-year-old grandmother critically ill with a collapsed lung and tumor. During her 3-month-hospital stay, she was positive and determined that she would get back to her foster grandchild. For the past year she has been back without missing a day and at 82 is thrilled to hear her charge begin to talk. Our eldest grandfather, aged 90, did not miss 1 day's work in 2 years, except for a 3-week cataract operation absence. Our eldest grandmother, Daisy, was one of our 15 grandparents and is credited with giving our program its motto, "Let's Wear Out; Not Rust Out." At 86 she returned to work after a month's illness with a lovely white wig, and now she is back again at 88, after a 2 month's absence and wearing a

new eye. Daisy surely shows no signs of "rust" and her "wear" is, fortunately kept in good repair.

8. The aged rural poor person's character is also reflected in their job performance records. There has been no tardiness in 4 years and little absenteeism. Even on blizzard days foster grandparents attendance records could match and probably surpass any other school or business. One-third of our group have never had children of their own before becoming foster grandparents. They have shown in many ways that old people are not so "set in their ways" that they cannot learn new skills or attitudes when the need for such learning really matters to them. One example of this is the way in which six grandparents are giving meaningful training to blind children. Another example is a grandmother who had never been off a farm until her late 50's when she became a childless widow and had to go town to find work. She had never known electricity or used a telephone until this age. With less than \$600 a year income before this program, she had not had a home of her own for more than 10 years, living with various families that needed her housework assistance. After 2 years with this program, she now says that she is happier than she has ever been in her 72 years. She takes great pride in the way she is able to care for a child with disturbed behavior and a feeding problem. In order to keep well and continue coming to her charges, this woman is taking great care with her diabetic diet for the first time in years and has lost 25 pounds with this health-maintaining desire.

PATIENCE AND PERSEVERANCE

In 1966 it was questionable to all concerned whether elderly persons could handle emotionally disturbed or severely handicapped children. Nowadays, if a child is a difficult problem or has multiple handicaps, the prescription is often to give him a foster grandparent. The patience, and perseverance that older people have is often what children need. To hear a 77-year-old woman, with a good understanding of what future potential her young charge has, say that she would die happy if she could get him toilet trained, exemplifies the thoughts of many foster grandparents.

Although these 40 grandparents are very special people to all of us in Brandon, the fact that in an extremely sparsely populated area, they were fairly easy to find and that our waiting list of eligible foster grandparents is continually growing shows that they are not uniquely special people and that the great majority of our oldest generations could and would do equally excellent jobs in human service roles, if they were given the opportunity. To stress this point, I would mention that the 70 years of life before joining this program varies greatly from one grandparent to another. Some of them have always been poor, while most know poverty just in old age. Most of them have had little formal education, but some are well educated. City life is known to some, while others have never been out of their rural setting. Many had never worked outside of their homes before, but others had responsible skilled jobs. Most of these foster grandparents are now alone in the world. The one characteristic this generation seems to have in common is a strong moral and spiritual fiber which surely this country could benefit from seeing more of by allowing more older people to get back into useful roles in society.

Another typical characteristic of elderly rural poor persons is that they are very undemanding, but prefer to be self-sufficient. Some elderly I know still make their own soap and just never waste anything. They mend, repair, save and "make do." Water and electricity are considered precious and sparingly used. Ecologists might applaud their mode of living and might learn from it—but it is a way of life not really of free choice, for it is often based on a fear, the fear of not being able to stay self-sufficient. The only thing they are wasteful of is giving to others when they have the opportunity to do so.

I would most urgently hope that elderly Americans needs and right to this country's concern will not be ignored because they do not organize, march, or protest. When Congress passed the Older Americans Act appropriation in 1969, I thought that the foster grandparent program would finally be able to grow along with the new RSVP program. I enthusiastically talked about these programs with many civic organizations and many older people. I am now hesitant to feel hopeful for the excellent proposed Older Americans Community Service Act. It seems that what Congress legislates for program growth has little reality.

In this program grant year when we had hoped to lessen our foster grandparent waiting list, we ended up having our program cut by 5 percent and no materializing of the RSVP program. The Vermont State Legislature passed an austerity budget in 1969 with a rigid rule that no new programs would be financed. In spite of this only one budget amendment was passed and it was the only one to have passed unanimously in many years. This amendment was additional State money to help finance our foster grandparent program. I would hope this is a strong indication of how our Nation really feels about its older citizens in spite of the way their needs are often bypassed. In purely financial terms, I am convinced that keeping elderly Americans contributing members of our society would save this country money.

That time is running out for persons of this aged generation should be well remembered when concern for their needs is put off until another year.

Thank you.

Senator PROUTY. Thank you very much, Mrs. Whitlock. I am sure that Wisconsin's loss has been Vermont's gain.

We will reserve questions until the other members of the panel have completed their statements.

I am happy to call on Senator Christowe.

STATEMENT OF HON. STOYAN CHRISTOWE, A SENATOR OF VERMONT STATE LEGISLATURE AND CHAIRMAN OF THE COMMITTEE TO STUDY DRUGS AND LICENSING OF PHARMACISTS

Mr. CHRISTOWE. Mr. Chairman, I have no prepared statement. I have notes here which I seldom use because they anchor me down and I can't say what I want to say except what is in the notes.

My interest in the problem of the aging is of recent date. About 6 months ago a constituent of mine threw some papers in my face and said, "Some senator you are, and some chairman of the Health and Welfare Committee." It was a bunch of papers, an order for drugs from the Senior Citizens Drug Service here in Washington and the

order was returned with the check saying that they can't fill the order because the Vermont Pharmacy Board had issued a ruling that Vermonters could not buy medicines from outside of the State.

This constituent was my wife.

As you know, Mr. Chairman, in Montpelier the wives of the legislators are banded into an association called the Loyal Legislative Wives. In 10 years in the General Assembly, I haven't been able to find out whom they are loyal to; certainly not their husbands. They sit in the galleries and knit there and watch every move, hear every word that is said and see every gesture and know more about what is going on in the legislature than we do. They have their teas and discuss bills and they make up their minds on what should pass and what should not pass and so forth and so on. They act as a kind of third house of the General Assembly.

If you want to have peace in the family you go along with your wife's convictions. Otherwise, you make your choice.

Senator PROUTY. I am familiar with that.

Mr. CHRISTOWE. Anyway, I got exorcised about this business quite a lot and I spoke to the chairman of the Health and Welfare Committee in the house and we called a joint public hearing asking the chairman of the pharmacy board to appear before us and explain why they issued this regulation which, incidentally, was sustained by the attorney general in the face of the fact that James Oakes, whom you recently confirmed as the new U.S. District Judge in Vermont, had ruled a year before that the Vermonters had every right to order their drugs from wherever they wished. So we called this public hearing for the senate chamber and so many people turned up the chamber was packed.

There were presidents of senior citizens clubs from all over the State, representatives of the Retired Teachers Association, representatives of the American Association of Retired Persons, and I was really astonished at the interest that arose and I was flooded with letters from all over the State and from even Vermonters who rent their houses to skiers and legislators and who winter in Florida or Arizona, urging me to fight for this. And so we bore down heavily on the pharmacy board and the pharmacy board lifted its ban on drugs, but that did not satisfy us because we felt that there was something wrong here.

Incidentally, they had a bill introduced, H. 397, and I consulted with some attorneys other than the attorney general who had sustained the ruling, and I was told that if this bill passed any Vermonter could not buy a package of aspirin in the Grand Union or in any store unless there was a pharmacist, licensed pharmacist on the premises.

INVESTIGATING DRUG PRICES

That aroused my ire even further. So, of course, we introduced a resolution creating a joint house and senate legislative committee consisting of four members from the house and four from the senate to investigate drug prices and the actions and operations of the pharmacy board. I was elected chairman of this committee.

We just got going. We had one meeting, purely an organizational meeting, and gave some instructions to our staff and defined our aims and purposes, and so forth and so on.

One of the first things we did was to pass a motion to check on prescription drugs throughout the State. There are 104 pharmacies in the State of Vermont and 207 registered or licensed pharmacists. When I was in Montpelier Friday there were only about 54 returns from our letters to prescription druggists that we sent out. At least they were cooperating with us.

In our own State where there are no mass merchandising discount stores and most of them are corner drugstores, you would think that there wouldn't be too much disparity or too much differential in the prices of drugs. I checked quickly over the returns that did come in and there was in the State of Vermont a difference, a variation of as much as 200 percent between one drugstore and another. I got interested in this business because I believe, Mr. Chairman, that drugs are even more important than medical care for the elderly. Some of them are spending more money for medicines than they are for doctors' bills.

Now, take me, for example. Believe it or not I had never filled a prescription in my life until I was 55 years old. Now, my wife and I spend about \$250 a year for drugs alone. So it is the older people who need drugs and sometimes drugs are more important to them than food.

I know of a family in Vermont, an old man and woman who get \$92. They started getting their Social Security at age 62 because they needed it, so they aren't getting the maximum. The old man is 72 years old. He mows lawns and does handiwork here and there and they are waiting for the check and when the check comes they don't know which to do first, to buy medicines or to buy food.

So that drugs are a vital problem to the elderly.

I have been studying this quite a lot, poking into back issues of magazines like Advertising Age, and so forth, and, incidentally, all this information goes back to what the Senate has been trying to do, to the hearings held by Senator Kefauver and Senator Nelson in his Monopoly Committee. A lot has been studied. There is plenty of information but not much has been done. You have that information in your files.

Senator Kefauver said, as you recall, "He who orders doesn't buy"—that is with respect to drugs—"and he who buys doesn't order." But you can paraphrase it by saying he who pays doesn't order and he who orders doesn't pay. You have to buy your medicine. You have no choice.

Just how chaotic drug prices are is brought out in some prescription shopping done by the Consumers Union which is printed in the May issue of Consumer Union Reports. They wrote a prescription for 30 capsules of tetracycline, and this, incidentally, is the drug that some companies, about three or four drug companies, were sued by cities like New York for \$100 million, and they got some kind of a settlement. This is a commonly used broad spectrum antibiotic. The Consumers Union shoppers fanned out to 60 drug stores in the New York Metropolitan area and the prices they paid went from 79 cents to \$7.45, almost 10 times as high.

Senator PROUTY. That is for the same drug?

Mr. CHRISTOWE. For 30 capsules of the same drug.

DRUG PRICES VARY UP TO 1200 PERCENT

The interesting part of it is that the highest price was paid in the low-income neighborhoods. In 1968, the American Medical Association, in a survey of drug prices, turned up some figures that served as an indictment of the whole business of drug prices. They found that the price of a particular prescription drug can vary from one store to another by as much as 1200 percent.

When the chairman of the Vermont Pharmacy Board appeared before this committee of ours he said that the drug prices vary just the way automobile prices vary, you can go to buy a Chevy from one lot to another and you won't get the same price. That is true, but there isn't a difference of 1200 percent. You don't pay \$2,000 for a Chevy here and \$20,000 there. You see all kinds of ads in the press for vitamins, aspirins, laxatives, sleeping pills and whatnot, but do you ever see an ad for a prescription drug? Why not?

Because it is illegal, because every State in the Union, except the State of Ohio, has a law against it, bars ads for prescription drugs. The Pharmaceutical Associations in various States and the Associations of Retail Druggists don't want it. A couple of years ago the Pharmaceutical Manufacturers' Association came out in favor of advertising prescription drugs but quickly, very quickly, they retreated from their position because their customers, their clients got after them and then in a subsequent statement redefining its position the PMA acknowledged that it has entered into an area which is more appropriately the concern of pharmacists and their regulatory agencies.

Who are these regulatory agencies? The Vermont Pharmacy Board consists of five members. Every one of them is a pharmacist. All these boards, all these professional and trade boards like the medical board, the dental board, the chiropractic board, the funeral directors board, the electricians board, the plumbers board, are all composed of their own people. They are all electricians or all doctors or all dentists. They are the ones that make the regulations.

We regulate power companies, utilities, and so forth and so on, insurance companies, but we leave the regulatory powers to these professional and trades people. The public service board in Vermont which regulates utilities is not composed of the chairman of the Green Mountain Power Company. It is chaired by Ernest Gibson, the son of former Judge Gibson, a former colleague in the Senate.

We leave one of the most important industries, one of the most important areas, one of the areas that is so vitally connected with the health of the people, especially the elderly, in the hands of pharmacists, of drug store operators.

Going back to the fact that the States forbid the advertising of prescription drugs, last year on the insistence of the elderly people in St. Petersburg, Fla., where, as you know, a lot of elderly people winter, one of the department stores there advertised in the papers prescription drug in defiance of the law. The State Supreme Court of Florida struck down the law. This law forbidding the advertising of prescription drugs, Mr. Chairman, should be struck down or repealed in every State.

I probably will trespass upon Miss Whittlesey's territory, but I

have some figures here. The Interdepartmental Council on Aging in Vermont is thinking of conducting a study. I am all for it.

It is all right to have the studies. I have been connected with many studies and chaired some of them, but the trouble is that they are all filed away and that is the end of it.

Mr. Brinkley, the "Goodnight, Chet" Brinkley, wrote an article in the Atlantic Monthly 2 or 3 years ago. The opening words were "The road to health is paved by Government studies which are filed away and nobody ever reads them and nothing is done about them."

I know. I was chairman of a Legislative Council Higher Educational Study Committee for 2 years and I had a wonderful committee and we worked and worked. In Vermont, as you know, there is no higher education board to coordinate the activities of higher education and that was the end of that. We introduced a bill, but it never came out of committee.

These are figures that I have obtained from the Vermont Council on Aging. If you have them, Miss Whittlesey, I will skip them. It is estimated that as of 1970 there are in Vermont 46,000 individuals aged 65 and over. Of these, 5,539, or 12 percent of the total, availed themselves of various services for the aging such as recreation, health maintenance, counseling, protective services and referral, employment services, transportation, continuing education, and so forth. The total cost of these programs was \$265,000.

There are in Vermont now about 64 senior citizens centers, clubs, organizations, participating in programs under title III, under OEO-assisted title III projects and some nontitle III groups.

SUPPORT FOR OLDER AMERICANS COMMUNITY SERVICES EMPLOYMENT ACT

At present there is an active pilot senior aid program in Franklin County funded through the Manpower Division of the Department of Labor and administered locally by OEO and the National Council on Aging.

I am aware that the chairman of this committee, Senator Williams, and Senator Kennedy have proposed a bill that would expand this program nationally.

Governor Davis has communicated his approval of this proposal. I don't know what the status of this bill is but it would be very helpful in the establishment of Outreach programs for our existing centers in Vermont.

Also, in what we call the Northeast Kingdom, that is to say in the northeast corner of our State, which is supposed to be the poorest section of our State, there is presently in the drafting stage a so-called Northeast Kingdom Information and Referral program. The Vermont Interdepartmental Council on Aging has had discussions with the Regional Development Association in St. Johnsbury concerning possible sponsorship of this project and our total cost would be minimal, \$16,000, with \$12,000 coming from the Government and the rest from the locality. The Regional Development Association has backed this in principle but may have some problems in raising the paltry \$4,000 to match the Federal funds.

PROPERTY TAX AND RENTAL RELIEF

The only thing that we have done for the elderly in Vermont is that last year, as you know, Mr. Chairman, we passed a bill which would give credit to a Vermonter 65 or over on his property tax, or if he rents a place to live in, 20 percent of the annual rent would be considered as property tax. For any taxable year individuals over 65 years are entitled to a credit against this property tax equal to the amount by which the property tax, or the rent constituting property tax, exceeds 7 percent of the individual's total household income from all sources.

As an example, assuming that an individual's total household income from all sources is \$3,000 and his property tax or the rent constituting property tax is \$300, 7 percent of \$3,000 is \$210, so that there is a difference of \$90 which the State will make up to him.

The astonishing thing is that the deadline for applications for this credit was April 15 of this year. We passed this law last year. At the deadline there was more than \$1 million that was not claimed by these elderly against their property taxes who were entitled to it. The House Appropriations Committee and the Senate Appropriations Committee used this extra million dollars as a windfall to juggle the budget and help balance the budget. The elders shy away from these complicated forms. They say, "I don't understand it" and they just don't do anything about it.

In the State of Maine, they made a study similar to what we are proposing to do in Vermont, and they discovered that as much as \$60 million a year is lost to the State of Maine in social security alone because of lack of knowledge, because of ignorance of the law which is very complicated.

Mr. Chairman, I have some more notes here but I am sure Miss Whittlesey will cover some of that. You have been very generous with me and, with your permission, I would like to say something in concluding my remarks about a category of Vermonters, old Vermonters which do not need housing, social security, or any kind of aid at all. We all love our States but Vermont is an especially loved State.

I have to make a speech next Saturday, Memorial Day, in Grafton, and I was looking through the index of Bartlett's Familiar Quotations in hopes of finding something which might be apropos to say at these Memorial Day services. I couldn't find anything. There was only one entry in the index about Vermont and it says: "There are no Vermonters in Heaven."

That intrigued me but it kind of scared me, too, because I have lived in Vermont for 35 years now and I didn't relish the idea of going to the other place when my time came. So I turned to the page indicated by the index. Sure enough, there was a poem there called, "No Vermonters Reside in Heaven." I will only quote to you one stanza which may be familiar to you. Somebody in authority is speaking. It may be St. Peter, for all I know. He says:

We give them the best the Kingdom provides;
They have everything here that they want;
But not a Vermonter in Heaven abides;
A very brief period here he resides,
Then hikes his way back to Vermont.

Thank you, Mr. Chairman.

Senator PROUTY. Thank you, Senator Christowe. I think as far as natural beauty is concerned probably Vermont is about as close to heaven as anywhere on earth that I have visited anyway.

Now we would be very glad to hear from Miss Whittlesey. I might say that Senator Hartke has arrived and has been very considerate and has permitted me to take over until this panel has completed its testimony.

**STATEMENT OF MISS MARGARET WHITTLESEY, CHAIRMAN,
VERMONT COUNCIL ON AGING**

Miss WHITTLESEY. We have identified many problems here which have been identified in previous hearings and I would like to repeat several of them for the purpose of emphasis.

Income maintenance for our rural elderly is closely tied to the ability to remain independent and independence is valued greatly. It is one way of the elderly person expressing his dignity. I think it is difficult for us to know exactly what the extent of the problem of income maintenance is.

One of the reasons that this is difficult is that our seniors are proud people and they disguise their situation. Rather than suffer what they would consider to be the embarrassment of depending on other people, many of them become what might be called drop-outs. They realize that they can't hold up their end of some of the expenses that are involved in activities and consequently, rather than to ask for help from someone else or depend on somebody else for too many so-called treats, they simply say they will not attend a certain function and they find some excuse which sounds plausible so that they don't go.

Perhaps the figures that I am going to use differ a little bit from Senator Christowe's figures. I am using the ones that were collected at the time of the 1968 sign-up for Medicare and at that time we had 48,628 senior Vermonters sign up. As of April 1 of this year we had 4,361 Vermonters receiving old-age assistance.

So there is a large group who are not actually receiving public assistance who may very well have extremely limited incomes but we know relatively little about them.

Now, we hope to have more information about these people as a result of information which will be coming in on the census and also information which will be coming in as a result of the study which Senator Christowe has mentioned.

I would like to address a few remarks to this study and this is one of the advantages, Senator, of being the final speaker. I couldn't agree with you more that there is very little purpose in making a study and filing it. At the time of the first White House Conference on Aging, January 1961, Senator McNamara and Congressman Fogarty both addressed the opening plenary session and they both indicated a version—their versions differed a little bit but a version—of what was to become the Older Americans Act and they pointed out the very great importance of knowing what the situation is of senior citizens. I happened to have the great privilege of sitting in the audience that day and I remember being so enthusiastic, thinking now at last we

are going to have sufficient money designated to each of the States so that we can truly understand what the situation is regarding our seniors.

Well, as the bill was passed and the appropriation came along and then the administrative emphasis came out of the Office on Aging, we discovered that more emphasis was put on action programs than on study and so it was with a great deal of pleasure that some of us who have wanted to see study accomplished read the 1969 amendments of the Older American Act and we are indeed grateful for the opportunity to use administrative money on a 3-to-1 matching basis to try to find out really what is the situation of our seniors.

I would like to point out here that certainly the New England States are in good communication with each other. We have had splendid cooperation from the other five States and from Maine in particular.

TAX REBATE PROGRAM

We are hoping therefore to be able to have a study which will answer questions about the status of our seniors and will also answer questions as to why seniors will or will not use some of the existing programs. This comes back to what Senator Christowe had to say about the tax rebate program.

Our tax commissioner, Mr. Lawrence Wright had very little information on which to base his estimate of the potential use of the rebate. Consequently he did the best he could. We know that there also perhaps was not as much information available to seniors as there might have been, although we used the news media and other ways of reaching them. We really don't know the full answer as to why this property tax rebate was not used as fully as was anticipated and we are hoping that through this study we are going to be able to share with the Vermont Tax Department some very important basic information which will help them evaluate what really did happen and to take a look at the formula and see whether it was a reasonable formula or whether it was simply that people didn't understand.

Now, in regard to independent living, and this is prized greatly by older Vermonters, many seniors want to continue in their familiar surroundings and we always have the question of feasibility. Assuming that a person is physically capable of remaining in his own home, there are the usual things to consider and among them are the expenses of heating a house in the wintertime and I can only emphasize what has been said here previously this morning, that fuel bills can be terribly high.

We have just come through a very severe winter and certainly if the elderly were organized, which they are not, to add their voices to those who are trying to do something to reduce fuel costs in our section of the country, I think that they would say that this is one of the major burdens that they have to bear if they want to live with dignity in their own homes.

Senator PROUTY. Miss Whittlesey, I would like to point out at that point that I have introduced a bill which seeks to reduce the cost of fuel oil in New England and it has been cosponsored by most of the New England Senators and we hope that some favorable action will be taken.

TRANSPORTATION

Miss WHITTLESEY. We support this very much. The matter of transportation has been mentioned once before. The cost of maintaining one's car I think is known to most people and the point that old cars are used and repair bills are high is something to be considered.

But over and above that, I think it is pretty generally accepted that not all seniors ought to be driving cars for various reasons, eyesight and reaction time and so forth, and so in order to be able to not only go to town to shop and go to the doctor's office and go to church, but to do all the other activities that involved leaving home and going to the place where activity takes place, there has to be some way of transportation. We have found in the places where we have tried to understand this as fully as we can, that it is acceptable to ride to church with a friend and if a person makes a regular arrangement to pick up a senior to take him or her to church the senior will accept this and doesn't particularly feel under obligation to the person who offers the ride.

But when we get into some other forms of invitation here, in other words, invitations for other purposes, we find that the seniors will not on a regular basis accept a ride from someone unless they can do something in return because they have grown up in a situation where they expect to return favors.

Oftentimes fortunately, seniors have wonderful vegetable gardens and will share some of the surpluses of the vegetable garden with the person who has offered the ride. We are experimenting with a public transportation system in the northwest corner of the State and we are discovering that this is being well used by seniors who pay a little something toward this ride. This is one of the activities that we have been able to arrange through a combined effort with OEO and our Office on Aging.

Our foster grandparent program has been described and I would simply point out that we did use the seniors in another project in Vermont. They helped with the schoolchildren at the elementary level in the town of Waterbury and when this was reviewed for the use of title III funds, it was determined that the beneficiaries of this were the schoolchildren rather than the seniors. According to our Vermont tradition we scrapped a bit with the Regional Office on Aging on this one and we did extend the funding of this for 1 additional year but we had to discontinue the funding of this the third year because it was ruled that the children rather than the seniors benefited from this.

Some of us have very grave questions about this because some of us feel that the seniors have a tremendous amount to contribute here and that not only they but the total community would be the beneficiaries.

DO PROGRAMS REACH RURAL ELDERLY?

Do the programs reach the rural elderly and do they meet their needs? We cannot answer this as precisely as we hope we will be able to after we finish our study. We are trying to look at this. We are trying to look at whether or not we are going to be able to provide homemaker service in rural areas.

Where you have a sparse concentration of population some of these services are extremely difficult to work out. But if our program arrangements are based on the assumption that the local community can eventually finance 100 percent of the program, it means that the rural area is put at a great disadvantage.

Some of our rural communities are simply incapable of financing services for seniors using the property tax base alone. Many of our programs are designed so that the State or State and Federal money help to get the program started and this is often referred to by the Federal people who come in and talk with us at the State level as, "priming the pump."

I think sometimes they should reconsider their illustration here because when you come to a rural area and you talk to people about priming the pump, the next question which comes is "Is there a pump and if there isn't a pump, why isn't there one?" In other words, is there the beginning of a program and if there isn't, why isn't there one? Is it because the people don't want it or is it because people can't afford it? Many times in our State in a rural area which is dependent upon agriculture for its principal economy, there is not the opportunity using the local tax base to start a program that is going to be expensive. I think we need to think together about the criteria for financing programs that are going to reach out to these rural areas.

We have to do it at the State level and I think we need to do it at the State and Federal level as well, because it has been our experience for example in the Medicare program that some of the very necessary medical services which need to be developed in order to meet the needs of people have, because of economics simply developed in the larger communities. Then they may become available to people in the smaller communities, but it is the people in the smaller communities that have to go to the places where the services are. Whether it is possible or whether it is feasible to try to reach out to people in isolated areas with some of these services is something that we haven't given as much attention to as I think we need to in the future.

Senator PROUTY. Thank you very much, Miss Whittlesey. I can say as a Vermonter I am very proud of the three witnesses we have just listened to. I think their testimony has been most illuminating and helpful. I understand, Mr. Chairman that there are two other witnesses here at the present time and perhaps you would prefer to wait.

WHITE HOUSE CONFERENCE ON AGING

Senator HARTKE (presiding). Go ahead with your questions if you want to. I might ask a question of Miss Whittlesey. You were at the last White House Conference on Aging, is that correct?

Miss WHITTLESEY. I was at the original White House Conference on Aging, or do you mean the meeting in Silver Spring?

Senator HARTKE. What I wanted to ask is what do you suggest for the next one?

Miss WHITTLESEY. I suggest that we have perhaps smaller working groups than we had the last time and that we get down to really grapple with some of the issues. I think that the attempt last time to hear from people at the local level as to what their needs were and their concerns were and bring this into a State level conference and then to the national conference was theoretically a good idea.

I can only speak from my knowledge of the six New England States. None of us went about it in quite the same way. The States that really attempted to reach down and hear what people at the local level were finding as problems or finding as pleasant things about their older years, were the States that have been in a far better position to go on and have programs to meet needs.

Senator PROUTY. Mr. Chairman, I have just received two statements. One is from Mr. Silas H. Jewett, Morrisville, Vt., president of the Lamoille County Civic Association, who was invited to appear here this morning and the second from Mrs. A. O. Brungardt who is head of the senior citizens center in Brattleboro, Vt., and I ask unanimous consent that these may be included in the record.

Senator HARTKE. Without objection.
(The statements follow:)

PREPARED STATEMENT OF SILAS H. JEWETT, PRESIDENT, LAMOILLE COUNTY CIVIC ASSOCIATION

A TESTIMONIAL FOR THE OLDER AMERICAN'S PROGRAM IN VERMONT

The Senior Citizens Program got off the ground in Lamoille County two years ago when the Universalist Society of Morrisville deeded their church building to the Lamoille County Civic Association for civic use, more specifically a county center for the senior citizens in the area. The church had been closed for about ten years, but was still structurally sound.

To provide a sponsoring organization for the program and a vehicle of ownership for the building the Civic Association was formulated. From the start it was emphasized that the Center itself as well as the entire program would be developed as a county wide operation and not merely a Morrisville community affair. Following through with this thought the board of directors of LCCA was formulated to include members from all ten towns in the county.

A group of about forty seniors which had met informally for a couple of years prior to opening of the Center has gradually been expanded to include folks from the entire county. Many of the monthly luncheons at the Center are now attended by over 100 seniors from the entire area.

During the first two years of cost sharing of the County program by the Vermont Interdepartmental Council on Aging and with thousands of hours of volunteer labor by interested individuals, including both seniors and younger citizens, a well rounded county program has been developed. Civic organizations and commercial business concerns have made substantial contributions, financially and materially.

In addition to renovation of the building and development of regular programs at the Center, another very important phase of the county program has been an Outreach program.

With a population of 11,000 plus in Lamoille County, there are approximately 1400 citizens over age 65. However, there has never been any age limit set as far as participation in the Lamoille County program is concerned.

Realizing that many of the 1400 would not be able to participate at the county center, LCCA directors felt that an outreach program was important. Therefore in addition to the employment of a retired couple as director at the Center, a younger individual has been busy as Outreach Director.

Programs at the Center, in addition to regular recreation, including shuffleboard, cards, the monthly luncheons and just plain relaxation and visiting are regularly scheduled social security and income tax consultation; weekly sewing bees for the local hospital; optional arts and crafts programs of several types and an occasional health clinic. The County Center has membership in the National Council of Senior Citizens and many in the county are using the direct drug service program, which is available through this membership.

Over 2200 persons registered at the Center during the first year of its operation, with an estimated 800 being different individuals. These figures will be well over 3000 and 1000 for the current year, ending June 30, 1970.

The Outreach activity is an important part of the overall county program. Arts and crafts programs have been organized in some of the smaller towns and

in areas where either physical disability or transportation to the county center are problems. The Outreach director keeps the lines of communication and consultation open between these confined individuals and the Center programs. The outreach work is also valuable from the standpoint of making low income seniors feel that they are included and welcome in the area program. The outreach director has been real active in recent months consulting with senior citizens with reference to preparation of state real estate tax refund forms.

Three areas of activity to receive special attention of the Civic Association during the coming year are:

1. Increased concern with reference to development of additional health and education programs.
2. Expansion of the outreach program.
3. Development of ways and means to carry on financial support of the program, if and when the 3-year cost sharing program terminates with the Interdepartmental Council on Aging on June 30, 1971.

The Senior Citizen program has been an extremely valuable addition to the life of Lamoille County during the past two years. It has been well accepted by the general public. It is a program which warrants and will receive excellent support from local individuals and organizations in the future. However, it is also a program which if its fullest potential is to be reached will also justify all the state and federal support which may be forthcoming in the future.

PREPARED STATEMENT OF MRS. A. O. BRUNGARDT, BRATTLEBORO, VT.

The needs of older people in rural and small town America are truly great. Many of these people have been brought up in a work oriented society and have no inner resources for their free time when they can no longer work. Frequently mental health problems develop due to loneliness, inactivity and no interest in the community about them.

Transportation is a big problem. Many cannot afford cars, or drive, and it is impossible to get to a center, to church or a grange meeting or such. (In our town of 12,000, transportation for the elderly is dependent on volunteers since bus and taxi fares are too expensive.)

Nutrition is another problem. "Living alone I don't want to cook." We find in town many come into the center for soup and a sandwich more often perhaps for the sociability of sharing food.

They enjoy opportunities to have a meal together, to talk of old times, sing old songs etc. Often they vie with one another to bring their best casserole, pie or cake.

Dental care is sadly neglected (too expensive). Medical care has to be explained over and over and unless there is an emergency many ills are sadly neglected especially in rural areas.

At our Center a Social Security representative meets once a week with individuals. They want to talk privately and do not want to go to a "big office." Trust officers from banks to advise about finances and lawyers to advise about wills are welcome advisors. There is often little knowledge in these areas.

Housing is a real problem. Farm people moving into a village or town find housing scarce and rents very high. The adjustment from a sprawling farmhouse to a couple of rooms is very difficult. (At our center we have daily visitors who come to escape the boredom and frustration of living in one room—it is amazing how many do.)

Sociability and friendliness are often uppermost needs. Some one to talk to and something to talk about. Those handicapped and housed appreciate a daily "hello call" or a friendly call.

Learning new interests and skills require trained and patient leadership but it is most rewarding. Discovering leadership and skills among the older citizens and then putting them to use is most important. Many have much to offer and these assets are often overlooked.

Community service projects are valuable to make the elderly feel useful and wanted such as—making telephone calls to get out the vote, addressing Easter or Christmas seal envelopes, addressing hospital appeals etc., making Red Cross bandages or ditty bags etc.

Recreation in its fullest meaning—Re-creation makes for a fuller and richer life for older citizens and encompasses many meaningful activities. They enjoy

music, simple dances, games, travelogues, crafts, reading, outings, picnics and many other activities. This too requires trained and skilled leadership.

Many older people have great pride and are wary of OEO programs, often forfeiting Old Age Assistance and any other aid. What was once thought of as a "nest egg" for later years is now too limited. Homes have to be given up. Their children have no extra room and so often a "nursing home" is the solution. This situation ought not to be for able citizens. Since older women are in the majority there is even a greater problem for many economically.

I trust that these random statements will be of some help. We need more than ever before *Trained Gerontologists* and scholarships should be made available to encourage more recruitment in this field. Colleges and universities are just beginning to develop courses in this important field.

Senator PROUTY. I might say, Mr. Chairman, that I have another meeting to attend right now. I think staff members might have questions to address to these witnesses if it is appropriate at this time or they can be addressed in writing. I am sorry that I have to leave but I will see you all later for lunch. It is so nice to have you here. Thank you, Mr. Chairman.

Mr. MILLER. Mrs. Whitlock, you report that the 70 percent as I recall, of your foster grandparents are over 70. How many are past 80?

Mrs. WHITLOCK. I don't know exactly, but probably 8 or 10 at this point are past 80.

Mr. MILLER. The total number involved in programs is how many?

Mrs. WHITLOCK. Forty.

Mr. MILLER. So that it is almost a quarter who are past eighty?

Mrs. WHITLOCK. Right.

Mr. MILLER. And they are perfectly capable of doing their job and doing their thing, as the young people say, on behalf of the youngsters they care for?

Mrs. WHITLOCK. Yes, that is right. Their activities vary a great deal from one to another. The younger-older person works with more active children whereas oftentimes crippled children or blind children are very well cared for by the less physically capable older person.

TRANSPORTATION FOR FOSTER GRANDPARENTS

Mr. MILLER. Senator Prouty has indicated his concern, which has been reinforced by the testimony of Miss Whittlesey and Senator Christowe, about transportation. As I recall your testimony, approximately one-third of the foster grandparents have cars. How do you get transportation for the other two-thirds?

Mrs. WHITLOCK. So far, this is one area where I kind of hold my breath. We have arranged to have car pools of sorts where one grandparent takes two or three others to work. Should a time come when that grandparent can no longer do it we might hit a bad problem.

I would like to agree with a comment made about older people wanting to repay in some way any kind of service given them. We have allowed in our grandparent budget travel expenses so that the persons who do not drive their own cars are able to help take care of gas expenses, et cetera, for the ones who drive, and this is a very important part of the program to these people.

Mr. MILLER. I would assume that this independence is doubly important because it is the traditional independence of the Vermonter coupled with the traditional independence of the older person. Correct?

Mrs. WHITLOCK. Perhaps correct, although I think it is pretty universal from my observations.

Mr. MILLER. Senator Christowe, if I may turn to you with one question, you stated, as I recall, that some 5,000 of the 46,000 Vermonters past 65 avail themselves of one or more of the various programs for the aged in the State. Do you share Senator Prouty's feeling that this number would increase if we funded such programs better from the Federal level?

Senator CHRISTOWE. I think so. Miss Whittlesey, being the chairman of the council, can probably answer that more thoroughly than I can, but I subscribe to that definitely.

Miss WHITTLESEY. Yes, I would like to comment. I think we could serve more people. One thing that concerns me here is for how long and I think that there is perhaps nothing worse than giving people the taste of a program and the joy of a program and then running into a situation where the financing ceases and there is just no way to continue the thing, and may I also add here that although we are talking in terms of programs and the money for programs, we have a tremendous number of hours—and I am sure this is true in other States as well—that are put in by volunteers who help to make these programs a success.

Mr. MILLER. Is there any credit given in any of these programs in recognition of such volunteer services?

Miss WHITTLESEY. Oh, yes. You know the usual ceremony where at an annual meeting or some other similar occasion the people who have really been the outstanding contributors of volunteer time are recognized, yes.

Mr. MILLER. The question was more related to credit in a fiscal sense.

Miss WHITTLESEY. In kind contribution?

Mr. MILLER. Yes.

Miss WHITTLESEY. It has to be done according to the rules of the agencies involved and, yes, this is true that it can be done.

Mr. MILLER. Mr. Chairman I have one more question for Miss Whittlesey. In your statement about the senior program in connection with the school at Waterbury you commented on the problems of getting continuing approval and the view that this was of greater benefit to the youngsters than to the oldsters. Does your comment on this matter imply that you feel that there should be more flexibility available to the State in projects financed through the Administration on Aging.

Miss WHITTLESEY. I realize that we have to have standards and that we have to abide by policies but I think it would be helpful if we could have more flexibility, yes.

TOO POOR FOR POVERTY PROGRAMS

Mr. PATTON. I have one question for Mrs. Whitlock related to something you said earlier. You mentioned if I remember correctly, that the rural aged poor in your opinion were too poor for poverty programs. Is that the gist of the statement?

Mrs. WHITLOCK. Yes, that is right.

Mr. PATTON. I found that an interesting notion. I wondered if you might elucidate on the reasons for this feeling where I gather that it

is your feeling that poverty programs are not as efficacious among the rural elderly.

Mrs. WHITLOCK. I think this is true primarily because of the transportation problems. We have community aides attempting to outreach and reach our elderly poor persons. Much of their time is spent just getting from one to another. As far as meeting the poor person's needs of weekly transportation to various services, that might be available, this is close to impossible because in the Bennington-Rutland areas there is almost no type of public transportation.

So the costs involved to transport somebody 30 miles to a particular service make it impossible for the person to enjoy the service.

Senator HARTKE. Thank you.

Mr. MILLER. If I may.

Senator HARTKE. Yes.

Mr. MILLER. I think you made it rather evident, Miss Whittlesey, but I would like you to restate if my understanding is correct, that it is your feeling that because of the supply of services factor and the transportation factor, that you are of the opinion that the Nation as a whole ought to give some very special consideration to the problems of meeting the needs of older people in the rural areas as distinguished from the urban areas where such services are more readily available, is that correct?

Miss WHITTLESEY. I think that is correct, yes. I think the other factor which is implicit here, rural or urban, is that if people can possibly maintain independent living programs with a little help from homemaker services or a service of this sort, we need to give some consideration to whether this is a desirable arrangement or whether we want to get into a situation where we more or less insist as a society that we have a congregate living arrangement for a person when he reaches either a certain chronology or a certain point in his physical capacity to take care of himself.

I think this is a very important matter to think about.

Senator CHRISTOWE. Mr. Chairman, if I may make a remark in regard to this. Some Vermonters are proud poor, independent, and there is a prejudice, not universally, but among some, against federally aided programs to aid the poor. Some Vermonters in the legislature are against any kind of relief, all general assistance. Don't give out anything. In the senate there are three or four members who consistently vote against any program that involves State funds to match Federal funds.

There are city people who have summer places in Vermont and who discard clothes that are still wearable; you offer them to a poor Vermonter and he would be insulted. You have that problem. I don't know how you are going to meet it, but they would just dig in and plant some potatoes and turnips and peas and maybe have a cow and they just suffer along. That is all. They would eat potatoes and salt pork. This is especially true in rural areas. If you are going to have housing projects, it would be awfully difficult to dislodge those older Vermonters, who have lived on in their homes all their lives and where their grandparents lived before them.

Senator HARTKE. Bill?

Mr. ORIOL. I merely wanted to note that I have several questions for each witness which I will put in the form of a mailing to save

time here today, but I would like to just thank Miss Whittlesey for the help she gave to the staff on a cold and snowy day in Vermont several months ago and, Mrs. Whitlock, I would like to say that the foster grandparent program is a favorite of this committee and, in my opinion, your statement was one of the most beautiful I have heard on it. I will speak to Mr. Miller about in some way bringing this to the attention of Commissioner Martin, who I know would very much like to read it.

Senator HARTKE. Our next witness is the Administrator of the Farmers Home Administration. You may proceed, sir.

STATEMENT OF HON. JAMES V. SMITH, ADMINISTRATOR, FARMERS HOME ADMINISTRATION, AND LOUIS D. MALOTKY, ACTING ASSISTANT ADMINISTRATOR FOR HOUSING

Mr. SMITH. Thank you, Mr. Chairman. I have with me this morning Mr. Louis Malotky, the Acting Assistant Administrator for Housing, Farmers Home Administration. We appreciate the opportunity to appear before your Special Committee on Aging to discuss the problems of the elderly in rural America and what the Farmers Home Administration can do to improve their living conditions.

FHA is a long-established rural credit agency with broad authorities to make credit services available to rural residents and to rural communities, defined as towns under 5,500 population and the surrounding countryside. We administer some 26 different credit programs.

While all of these programs are available to the elderly, the programs that offer the most opportunity for direct assistance are the housing programs. I will discuss these housing programs first and follow through with a brief reference to our other primary programs: farmer loan programs and community facility programs.

SEVEN MILLION ELDERLY IN RURAL AREAS

Today there are more than 7 million elderly people on our farms and the small rural towns. As is common in urban areas, the elderly more frequently live in housing that is inferior. Normally, in rural areas their income is lower and age levels are higher. Without suitable transportation and other necessary community services and facilities, many rural elderly literally become prisoners in their homes. Thus, they may be compelled by circumstances to live out their lives in inadequate housing accommodations.

The 1960 census revealed, for example, that one-fourth of the people over 60 in rural areas did not have their own homes but lived in homes of relatives, lodging houses and institutions. Of the remainder, almost a third lived in substandard housing, lacking private bath, toilets, or running water and in other ways unsuitable and unsafe for older people.

The poor housing conditions of the rural elderly are further magnified by the fact that they have a higher average age than those in the cities and their cash incomes usually are lower.

The Congress first recognized the special housing needs of the rural elderly in 1962 when special legislation was passed to provide housing

for them under title V of the Housing Act of 1949. This act has subsequently been amended and today we can assist the rural elderly in their housing with three different programs.

HOMEOWNERSHIP LOANS

Our big volume program is our homeownership program for adequate housing. These loans are made by the Farmers Home Administration to finance adequate but modest homes for low- and moderate-income families. Loans may be made to buy a home, to repair one the family may already own, or to build a new one. The current interest rate is $6\frac{1}{4}$ percent and the maximum repayment rate is 33 years.

As with all other loans made by the Farmers Home Administration, this credit is available only to families who cannot qualify for credit from commercial sources. If the family has a low income, they may qualify for interest credits which can reduce the effective interest rate to as low as 1 percent. This is a counterpart for the HUD section 235 program. As of June 30, 1969, we had made loans to 13,837 elderly families in the amount of \$81.5 million.

LOANS FOR HOME REPAIRS

Another type of authority we have is for shelter-type housing for very low-income families, made just to make a house livable. Many of these recipients are on social security or receive welfare payments. The maximum loan of this type is \$1,500 and the interest rate is 1 percent.

Loan funds may be used to fix the roof, replace screens, repair the chimney, make the house weathertight, provide a safe water supply, and possibly include a modest bath and waste disposal system. During the 1969 fiscal year, two-thirds of the 5,000 families assisted under this program were over 60 years old. Over half of them had incomes of less than \$2,000.

In addition to the homeownership program, we also make loans to nonprofit organizations and individuals to provide rental housing. This started as a program exclusively for elderly but subsequently has been changed to include housing for younger families. Loans are made at a current interest rate of $6\frac{1}{4}$ percent. If the loan is obtained by a broadly based nonprofit organization, it can qualify for interest supplements to help reduce the rents for low-income occupants. As of December 31, 1969, we had financed 6,632 rental units. About 45 percent were intended for elderly persons.

Our experience has been that the rental market in rural areas is different from the rental market in the cities in several respects. One is that the demand for rental units is the strongest in families at the two extremes in the age category, the younger families and the elderly. This reflects the historic preference rural families have shown for individual homes. In rural America, over 90 percent of the homes are single-family units and about two out of three are owner-occupied.

We find that widows have a strong preference for rental housing. When the husband dies, the widow is interested in the security, convenience and companionship offered by apartment-type living. We have found they are good tenants because they spend most of their time taking care of the home.

Our rental housing program shows considerable promise of providing a way a community or an individual can provide housing in rural areas for the elderly and low- and moderate-income people.

MOBILE HOMES

Let me address myself now to your letter of May 18, 1970, Mr. Chairman, in which you mention the possibility of FHA conducting pilot programs with mobile homes to serve the elderly now living in remote rural areas.

We recognize that mobile homes are making an important contribution to meeting the housing shortage. The last Congress authorized the Department of Housing and Urban Development to insure mortgage loans on mobile homes. Regulations in implementation of this new legislation were released only a few weeks ago.

The Departments of Housing and Urban Development and of Agriculture have established a high-level task force to stimulate the construction of housing in rural areas. The task force has given consideration to mobile homes and the Department of Agriculture has agreed to use its facilities to help promote the HUD mobile home mortgage program.

We are of the opinion that mobile homes should be financed through the private sector. We believe that FHA direct financing can be used to special advantage to construct permanent housing, both individual and rental. Through the use of interest supplement permanent type housing can be provided at monthly amortization payments comparable to that of mobile homes. We are giving increasing emphasis to our rural rental program. This in my judgment is our strongest program to help the elderly.

FARM LOAN PROGRAMS

The second primary category of Farmers Home Administration's credit programs is our farmer loan programs. Over one-half of our active borrowers are over 45 years of age. Farming is a physically taxing activity with relatively heavy demand for capital input. If we use age 65 as our definition of elderly, we have only a limited potential in our farmer programs to offer more help for the elderly. We can show that these programs do provide a supplemental form of assistance.

The best example is the part-time farmer who is able to produce food for home use and for limited marketing. We make loans to father-son partnerships to facilitate the transition of the farm and its operation from one generation to the next. This enables the father to retire gradually while turning the work, management decisions, and financial responsibility over to the son.

COMMUNITY FACILITY PROGRAMS

The third primary category of FHA credit programs is our community facilities programs. Our main activity under this category is our water and sewer programs. These programs are directed at the community rather than to the individual. They do however, enrich

the quality of life in rural areas by providing a safe and dependable water supply and sanitary sewage disposal.

Mr. Chairman, I have described in brief form the programs administered by FHA that contribute directly to helping the elderly, and our strongest program is housing. There are additional needs of the elderly that go beyond the scope of FHA authorities.

The principal need is for services and assistance to treat with the isolation of the elderly; health services, visiting nurse services, transportation, more information on services available for the elderly, and encouragement of participation by the elderly in social activities. FHA is ready to work with other agencies responsible for these services in bringing their programs to the elderly who live in rural areas.

Senator HARTKE. Mr. Smith, what concerns me most about these programs is that I think they are good as far as the definition of their approaches is concerned, but the implementation of these programs, I think you would agree, is severely limited. As I view your figures here in the field of housing and the units of housing, you have 5,000 that are presently involved in the program of the shelter type housing of the loans of \$1,500. You make loans to nonprofit organizations and individuals and that includes as of the end of last year 6,632 rental units.

The big volume program is the loans to the low- and moderate-income families. That is loans with a repayment period of 33 years at 6 $\frac{1}{4}$ percent and as of June 30 last year you had 13,837 which is a total of 25,469 units.

With a population of roughly 20 million, 7 million of which are in the situation in which they are near or below the poverty level, this represents a total accommodation of these people of less than one-third of 1 percent. Can you see why people with increasing expectations feel that this crushes them?

Maybe we would be better not to have any program at all than to leave the impression that we have a program which is providing relief which provides so little really to these people.

Mr. SMITH. Certainly we are concerned about the difficulties encountered in giving assistance through our loan programs. We feel, however, under the funding of prior years that the record of course could be better but for example this year, we are up to 17.4 percent in new housing starts.

Senator HARTKE. Let me tell you if you build one unit and you increase it to 100 units you increase the 1 percent. What does the 17.4 percent represent?

In other words, I am not belittling the 17 percent but want to know what it represents.

Mr. MALOTKY. The 13,837 is elderly only. The total program this year is at the 50,000 unit level. The 17 percent reflects the extent to which housing starts under our rural housing program during the first 9 months of this fiscal year exceeded starts during the same period in fiscal 1969.

FUNDING

Senator HARTKE. But I am talking about elderly. That is what we are dealing with. I am dealing with 20 million elderly people in the United States, 7 million of whom live in rural areas and we have 7

million roughly in the whole Nation who are at poverty and below poverty level. What I am getting to is are you properly funded? I think that is the heart of it.

Mr. SMITH. I would like to mention that the administration has recognized the need for housing in rural areas. We have authorized to the Farmers Home Administration this fiscal year \$800 million which is almost twice the amount of the prior year.

Senator HARTKE. I am not going to discuss what has happened before. You can make all the criticism of before. I will compliment you at any time that you make an improvement, but what I am talking about is what does it do in relation to need. I do not think we ought to judge what we do in relation to past performances. Our past performance has been miserable. In relation to need, do you have an estimate of what is needed really to provide for adequate improvement of rural housing.

Mr. SMITH. I would like to mention that next year we will in housing be loaning over \$1,400 million and this is progress.

Senator HARTKE. That is for the total program of FHA. How much is allocated to the elderly?

Mr. MALOTKY. There is no specific projection for the elderly segment.

Senator HARTKE. Will you supply for the record how much was utilized for the elderly last year and how much is anticipated for next year? Can you do that?

Mr. MALOTKY. Yes, sir.

(Information follows:)

HOUSING FOR ELDERLY FINANCED BY THE FARMERS HOME ADMINISTRATION

| Type of assistance | Number of units | |
|---------------------------|------------------|-------------------------------|
| | Fiscal year 1969 | Fiscal year ¹ 1970 |
| Homeownership: | | |
| Adequate housing..... | 1,842 | 2,650 |
| Shelter-type housing..... | 3,225 | 3,400 |
| Rental housing..... | 546 | 750 |
| Total..... | 5,613 | 6,800 |

¹ Estimated.

Senator HARTKE. What I am trying to find out is are we really going to make substantial progress in this field? I have been through the countryside with these field hearings. This is the first time in Washington. I don't see it.

In Iowa, we were told that loans of up to \$1,500 are available for minor repairs and improvements "to make the home livable and keep out the wind and the rain." If the loan recipient is on public welfare, often the welfare agency will increase the housing allowance sufficiently to enable the families to qualify for a loan.

GRANT PROGRAM FOR REPAIRS

But for those without enough income to repay a loan, the FHA had—until 1964—a program to make grants. I want to ask why this program is no longer in existence and what the Farmers Home Administration has done to reinstate it.

Mr. SMITH. The Congress has not seen fit to fund that program since since 1964.

Senator HARTKE. Would you recommend it be funded?

Mr. SMITH. We would be glad to take it under advisement and make a recommendation.

Senator HARTKE. I understand that you have the Budget Bureau to contend with and I am not trying to embarrass you on that but I would hope that you would give consideration to recommending that.

Mr. SMITH. I would like, Mr. Chairman, to share with you the concern for housing for the elderly and of course all of those citizens in rural America whom many Americans are not aware of because they do not see them.

We are making progress and realize along with you that more progress must be made if we are to offer an equal opportunity to our rural residents. This is the purpose of the program in the Farmers Home Administration. We are making progress. Our total budget is up for this year and will be higher next year. We hope that the Congress will support it and that we can gain all the support that is needed to bring more attention to the rural areas of this country.

Senator HARTKE. I will be your champion if you need some one to do that. I think most of the members of this committee will be but it is pretty hard if we don't have a recommendation from the administration and have to reply to the indictment of being wild spenders when we are trying to provide a decent house for the old people.

Mr. SMITH. I would like to emphasize that it is a considerable advantage, I believe, to many of our older folk that they can obtain a home for as low as 1 percent interest.

Senator HARTKE. Some people don't even know how to go about it. You know that, don't you?

Mr. SMITH. Sure, that is true.

Senator HARTKE. They can't see how to pay even a 1-percent interest loan when they don't have enough to pay for their food. Even on the houses at $6\frac{1}{4}$ percent interest at the 33-year return rate, for most of those elderly people who are near poverty or in poverty that is no chance for them at all. You know that and I know that.

I have to admit that we can treat them as you do an old used car and throw them in the junk heap. I understand that they ultimately will die but we are going to have more and more of these.

NATIONAL HOUSING CONFERENCE RECOMMENDATIONS

Do you concur with the following recommendations of the National Housing Conference which were adopted in March:

"That a rural development bank be provided." This was introduced by Congressman Patman under H.R. 15402.

Mr. SMITH. This is under study at the present in the Department of Agriculture and the recommendations will be forthcoming.

Senator HARTKE. Do you concur that a position of Special Assistant for Cooperative Housing in the Farmers Home be established? These are all recommendations from the National Housing Conference which were adopted in March.

Mr. MALOTKY. This recommendation, as I understand it, is for a special assistant for cooperative housing.

Senator HARTKE. In the Farmers Home Administration.

Mr. MALOTKY. We have had some experience with cooperative housing. We had this authority for several years. We have had only a limited number of units developed under this program in rural areas. At this time we are not convinced that the cooperative approach in rural America is an effective way to provide housing for rural people particularly, when they have the option of owning their own home at no more or perhaps even less cost than it would be if they participate in a cooperative.

Senator HARTKE. Another recommendation is that the population ceiling on Farmers Home Administration loans be raised from towns of 5,500 maximum to 25,000 population. I think you adopt that, do you not, in your statement?

Mr. SMITH. We feel the 1970 census is going to reveal many situations where the cities have grown somewhat and there is no question about a city of 10,000 or even more being considered a rural city.

Senator HARTKE. What about 25,000?

Mr. SMITH. We must consider along with this that additional funds and personnel be added to our program if this is to be entertained and we are somewhat guarded in our statement because of the workload of our county supervisors who must carry on this program.

Senator HARTKE. The recommendation is "with commensurate adjustments in administrative funds." The recommendation of the National Housing Conference is that there be a commensurate adjustment in administrative funds.

Mr. SMITH. Of course, if that accompanies the higher recommendations, we would be considerably more favorable to it.

Senator HARTKE. That the Farmers Home Administration staff be expanded to enable the agency to actively promote rental housing to aid in meeting rural needs. What about that recommendation?

Mr. SMITH. That does bear the endorsement of the Farmers Home Administration.

Senator HARTKE. That the Farmers Home Administration Act be amended to enable your agency to promote and finance nonprofit housing development corporations as housing delivery systems to small town and rural people.

Mr. SMITH. I am not familiar with that recommendation.

Senator HARTKE. I would commend to you that you would look over the National Housing Conference report as it was adopted in March, because these people are very concerned with housing. I think that you should be concerned too. The Department of Housing and Urban Development has a specialist who devotes full time to the special needs of the elderly and the handicapped. Does the Farmers Home Administration have a counterpart with that?

Mr. SMITH. At this time we do not. Our county supervisor and county staff must carry on the total program of the authority. We do not at this time have specialists of this type.

Senator HARTKE. What type of liaison system is there between HUD and the Farmers Home Administration in regard to housing for the elderly?

Mr. SMITH. The Farmers Home Administration administers HUD's 235 program in the field and as far as the relationship is concerned, we feel that it is good.

MOBILE HOMES

Senator HARTKE. I notice on your comment on mobile homes that you say that they should be financed through the private sector. Do you really think that is feasible?

Mr. SMITH. Mr. Chairman, there are a number of considerations that should be discussed here. I would like it to be clear to all that I certainly do not object to the concept of mobile homes. They are serving a very important need in this Nation.

The question is whether this is the of home that we want to place in rural America as permanent housing for our elderly or others in view of the fact that it should last for at least 33 years and that we can obtain what we term conventional homes at a 1 percent interest rate for low-income people.

Is the mobile home with the steel underpinning and wheels under it that really moves about the answer to the rural housing problem? I question that it is when families can obtain a more permanent type of home at no more monthly cost when the longer amortization period for loans on such homes is considered.

Senator HARTKE. Let me ask you this: I can question about a lot of programs and I would be willing to but I didn't see any positive affirmation here in regard to housing for the elderly poor in the State. You question any other suggestion. I don't find that there is any special merit, for example, in somebody making a suggestion, but I do think you have an obligation to come forward with something that is demonstrated as woefully inadequate for the present need, rather than merely to say that you are going to increase the funding from \$800 million to \$1.4 billion for the total FHA.

This means that you have \$600 million in the total program for Farmers Home Administration with part of it with the community facilities program which has dropped back sharply over the years and is not being funded at the present time.

Let me say that if I were one of those old people I wouldn't think there was much room for hope. Let me tell you, people without hope soon turn to despair. We have too many despairing people now to suit me.

Mr. SMITH. Certainly, Mr. Chairman, we do share the concern. I personally have visited 37 States myself last year and it gives me a great deal of pleasure to be able to report at this time that we are making progress and that this progress has received recognition. I am not able to come before you today and tell you we have the panacea for all of the rural housing needs. We are ready to work with this committee and the Congress, of course, and other agencies to help develop better plans and to make our operations more effective.

Our State directors are aware of this problem and the need certainly is there. With the increase in funding for housing this year and the increase for next year, we feel that we will be meeting the housing needs of more of the rural elderly.

RURAL RENTAL PROGRAM

Senator HARTKE. On page 5 of your statement you say:

We are giving increasing emphasis to our rural rental program.

Can you explain that to me?

Mr. MALOTKY. Sir, this is a program that is increasing in volume. We are relatively new in rental housing but I think we have learned how to operate the program we have. We anticipate that next year we will be financing more rental housing than in the previous years. There is an increasing awareness of the function of rental property in small towns but it takes someone to start the program. It doesn't start by itself.

We have broad authority for this program. We make loans to individuals for example, to provide 6, 8, and 10 units. This is our most popular type of rental housing loan. We also make loans to non-profit organizations but someone has to start the interest in this. Non-profit organizations can provide the most favorable rentals because we have the authority to supplement the interest to such organizations to reduce the rent. This is similar to the HUD 236 program.

Senator HARKE. On page 4 you make the statement:

The Departments of Housing and Urban Development and of Agriculture have established a high level task force to stimulate the construction of housing in rural areas.

When is that report? Are they making a report or are they going to make a report?

Mr. MALOTKY. The first report was made, sir, last fall. There was a preliminary report that appeared in the Congressional Record on October 6, 1969. To my knowledge, it was never printed, but the task force has now become more formalized and has been working together in trying to bring the facilities of HUD to rural America.

One area I would like to mention particularly, because I think it illustrates the point we mentioned before. Low income is the harsh fact of life for many rural families. HUD has a program we do not have and that is public housing. We can help communities become aware of the opportunities of providing housing for low income families under this program. HUD has made the program more flexible since the workable program requirement has been removed. We are exploring in the task force the possibility of developing a concept of public housing where housing authorities would be on a county or multicounty basis. If the organization were on that basis, then they could have smaller units in small towns, possibly 8, 10, or 12 units in each place with central management. The program has a far deeper subsidy in it than we can offer in any of our programs. Bringing more public housing to rural America would help a great deal to increase the amount of good housing available to the low-income rural elderly.

Senator HARTKE. I have no further questions. Let me say to you that I would hope you would energetically pursue these matters with an idea of providing some real meaningful housing for the rural aged, especially the rural aged poor.

That is all the questions I have.

Mr. SMITH. Thank you, Mr. Chairman.

Senator HARTKE. We have another witness scheduled who has been delayed. Dr. Davis, you are right here on schedule. It is my distinct honor to welcome at this time Dr. George E. Davis, who is executive director of the Committee on the Aging and Aged from Indianapolis, Ind., a well-known individual in this field.

Dr. Davis, I am scheduled to be in my office at 11:30 at another meeting. I am going to ask Mr. Oriol on the staff to conduct these hearings. I certainly will be looking forward to completely reviewing your statement. I want to congratulate you for the fine work you are doing in that great State of Indiana.

**STATEMENT OF DR. GEORGE E. DAVIS, EXECUTIVE DIRECTOR,
COMMITTEE ON THE AGING AND AGED, INDIANAPOLIS, IND.**

Dr. DAVIS. I don't know whether I can get this more organized than looking for the place of the meeting this morning or not.

Mr. ORIOL. We had to move because we had no hearing room.

Dr. DAVIS. One of the things which the rural elderly need above everything else as we see it in Indiana, is a place where they can meet as members of senior citizens centers. The difficulty with the situation is that it is difficult to acquire a meeting when the group that wants senior citizen centers does not have the funds with which to secure the facilities.

A loan or grant program to build new buildings so that senior citizens may have a meeting place and an opportunity for social contact is needed in a good many communities. I have in mind a community of a 5,500 population which has no housing authority and apparently are not about to establish a housing authority, there being small need for public housing in the community.

If the community had a housing authority and had built some public housing, they could have included a space in which senior citizens in the community might meet. FHA has no way in which they can make a loan for such a building and I am advised by HUD that they are not in a position to do anything along this line so that it remains for this community to solicit funds from the community itself to build a facility to house a senior citizens group.

In some communities this would be a possibility; in other communities the power structure is contemptuous of any such action relating to its older population and would effectively oppose a fund drive for such purpose. Then there are communities that just don't have the money to finance a senior citizens center even though they might very much want to do so.

SENIOR CENTERS

I am not as much interested in the grant program as I am in a loan program for such a community and particularly for rural communities. Whereas the Farmers Home Administration can now make loans to older citizens in rural areas for repairing their homes or for installations that overcome a health hazard, they are not in a position to make a loan relative to building a senior citizens center or making repairs on a building which could be used as a senior citizens center. Plans should be developed which would make it possible for every community which needs a senior citizens center to provide one.

Many rural communities in Indiana are without a doctor. To attract young doctors, medical facilities need to be built for their use. Low-cost loans to provide such medical facilities would be a great help. Even with such facilities available it is extremely difficult to persuade a doctor to locate in the small town where he becomes a general

practitioner. Without such encouragement, it is practically impossible to get a doctor. Any comprehensive State health plan must recognize this and plan accordingly.

I have no solution to the problem but the facts are that many older persons need transportation to get medical aid and to purchase food, drugs, et cetera. Many senior citizens do not have cars and/or are unable to meet driving regulations. They will be disadvantaged until some solution to the transportation problem can be worked out.

I note with care that among the areas of chief concern that the Commissioner on Aging enumerates transportation as one of the chief areas that he enumerates for consideration of the next White House Conference on Aging.

I am advised that particularly in rural areas there is a great need for more nursing homes and convalescent centers. These nursing homes tend to be built in urban communities rather than in the rural areas. The Commission has been working with a group in Jasonville, Ind., for several years attempting to find some help for them in building a nursing home. There seems to be no governmental agency that can be of assistance to them, and other sources from which loans might ordinarily be made tend to question the ability of the community to ever pay off a loan.

A local committee is convinced that a nursing home is needed in this community, but so far no money with which to build the nursing home has been found. The community has experienced several disasters which makes it improbable that they will be able to finance it themselves, except through a loan, a longtime loan at that.

It is a well-known fact that as old people grow older they tend to abandon preparation of meals that are well-balanced and nutritious even if they know how to prepare such meals. There are older people who do not know how to prepare well-balanced meals. A project was designed and sent to the Administration on Aging by the School of Home Economics at Purdue University which, if funded, would have established a workshop to which older people would have come to study the preparation of nutritious food for older people.

They could have gone back to their several communities to pass on the information they had received at the workshop to groups in their own communities. The need for information about meal preparation is evident.

The project was not funded by the Administration on Aging and the workshop was not held. But it still needs to be held.

HOUSING MORE AND MORE DIFFICULT

Housing for older people, particularly in rural areas, is becoming more and more difficult. Two or three generational families are almost non-existent and suitable housing for older people is not available in rural communities. We would like to see a study made of the type of facility that might be built at modest cost for occupancy by elderly people.

This could be by way of a mobile home or by conventional housing which contains features that need to be available to older people. I am sure that the schools of home economics in our several universities

would be glad to offer suggestions concerning the design of such housing for elderly people.

Rural people particularly are disadvantaged concerning information which they need as they grow older, including information relating to legal services, hospital supplies, business information, tax information, and so forth.

THE BRUSH OFF

Currently, they go to one agency and they are advised that they have come to the wrong agency, they are then sent to another agency which again may be the wrong agency. There is some tendency anyway for State and Federal agencies to brush older people off which is not in keeping with what they deserve.

It is important to have in one place information which people need or a knowledge of where it can be found without question. In addition, there is a need to find older people who do not know what services are available to them. In the project FIND supported in Hammond by the National Council on Aging, the project workers found people in the area who had no idea of the variety of services available to them.

Some eligible for social security benefits did not know such a program existed and had no knowledge about how to make application for social security benefits. They were denied other social service benefits because of their complete lack of knowledge about them.

Such a situation is more apt to exist in a metropolitan area than in a rural area, probably, but that there are rural people ignorant of social security benefits available to them is likely and one function of an information center should certainly relate to finding such people.

Whereas we need continually to identify the problems which older people face and to determine how these problems may be met, we also need to train people to work with older people. Many difficulties arise out of lack of understanding. The psychology of the older person differs from the psychology of a younger person ordinarily and hence the lack of tolerance of younger people in relation to older people.

It is the rare person who has enough understanding of the concomitants of aging to work effectively with older people. Again, our universities and other agencies should be in the process of training those who are interested in working with older people so that their work may be effective.

I find this is particularly true now as I am attempting to find a staff since we have just recently qualified to administer title III funds for the Older Americans Act. I have been referred to not more than about a half dozen universities who have been training people who have any knowledge in the field of gerontology and who would become effective staff members.

HEARING PROBLEMS

I am informed that on the average each year that a person is beyond the age of 65 he loses one percent of his hearing acuity. With people living well beyond the age of 65, we have, therefore a sizable number whose hearing acuity is materially reduced. Insufficient facilities are available to older people to test their hearing acuity and to suggest the type of hearing aid which will best serve them.

In Indiana, the Purdue Speech and Hearing Clinic now has 15 centers over the State for testing the hearing of preschool children but in no instance have these centers been used in testing the hearing of older people. Without expert advice, the older person is left to the whims of the dealer in hearing aids, whereas he should be expertly advised as to the specific type of hearing aid he needs.

There seems to have been no studies made concerning the behavior patterns of people with loss of hearing but that behavior patterns do change as a result of such loss seems to me to be unquestionable.

There is no question now that older people are victimized by a limited number of unscrupulous dealers who sell them hearing aids at exorbitant prices, or hearing aids which will not do the particular individual any good. Some action needs to be taken, and particularly in rural areas where facilities for testing hearing are not available, that will bring relief to those who have suffered the loss of hearing acuity.

PROPERTY ASSIGNMENTS FOR WELFARE

Many older people do not have sufficient income to provide adequate housing for themselves nor adequate food but they are too proud to apply for help from the welfare department. They object to the necessity of assigning their property to the welfare department, if they own property, to partially cover welfare costs for the individual.

In the first place, this is a penalty on the individual who has been provident and has accumulated enough to own a piece of property, while another individual who has not been provident or who has for legitimate reasons been unable to become the owner of any property may receive welfare help without assigning anything to the welfare department because he has nothing.

Usually the amount of the value of the property the individual owns is so small that the eventual reimbursement to the welfare department is almost inconsequential. The principle involved is one to which older people object and some do deprive themselves of help because of their unwillingness to assign their property to the welfare department. I don't think they should be required to assign their property to the welfare department.

A man out of work living with his family may not, in Indiana, be put on welfare. If he leaves home, his wife and children may receive welfare help but not so long as the father in the family is living there. This means there are many instances in which the father just moves out of the household. He doesn't abandon the family but his presence there penalizes the family so the children are robbed of the possibility of all the members of the family living under the same roof in order that part of the family may get financial help. This seems idiotic and hopefully will be corrected shortly as a result of a Federal interest in our welfare set-up.

I am advised that there is only a limited number of townships in our whole State in which the food stamp plan is in operation. In one community I am told it is necessary for a family applying for food stamps to make an initial purchase of \$70 worth of groceries following which the food stamps would be available to them. How can a family that is resorting to food stamps to get enough food to stay alive come up with \$70 to buy an initial quantity of food? This is pretty vicious as it

relates to older people, some of whom have so small an income that it does not permit the initial purchase of food stamps. Federal agencies related to the food stamp plan surely can correct this situation.

MEALS FOR ELDERLY IN SCHOOL CAFETERIAS

Whereas I am not familiar with the legislation, Massachusetts has passed legislation that makes it possible for older people to purchase food at school cafeterias at hours that will not interfere with the serving of meals to students. I find this is common practice in the Scandinavian countries but it is seldom found in the United States.

Why shouldn't our school cafeterias be used to furnish meals for older people or at least one well-balanced meal per day at a minimum cost. If the cost of preparing and serving the meal is slightly more than it would be without this program for older people, such additional cost could be added to the cost of meals served to older people.

Meals on wheels programs serve an excellent purpose but so would such a plan which would make available well-balanced meals to older people in our school cafeterias. If the use of excess commodities by schools for lunches for school children poses a problem then I think the Federal regulations should be modified to include both school children and elderly people.

The Indiana Commission on Aging does not have figures available concerning the number of occupants now to be found in our county homes. There are, however, people who are indigent and pay nothing toward their care and those who are paying guests in the county homes. At least for the indigents, if not for all the occupants in our county homes, two services are badly needed which are now provided. The chief health disabilities of occupants of county homes relate to arthritis, lack of dentures and proper eyeglasses.

Generally speaking, the commissioners do not make available money to provide dentures nor for any care of the teeth. Frequently the dentures are completely inadequate and so poorly fitting, due to the fact that many years have passed since they were made for the individual, that they are practically useless. If one does not have teeth to use in eating then one's diet must obviously out of necessity, be a liquid diet or a semiliquid diet at least.

It seems unbelievable that dental care of older people in our county homes is not considered worthy of financial support, but on the basis of our information, the Indiana Commission on Aging is convinced that generally speaking no money is available for dental work for patients in our county homes.

What is true of dental care is also true of care of the eyes. There is, generally, no money available for testing the vision of older people in our county homes, nor any money available to buy glasses for them if their prescriptions need to be changed. Not infrequently some service club in the community provides glasses for people in our county homes who need new glasses, but the health needs of the occupants of our county homes ought to be completely taken care of through county, State or Federal funds.

Mr. ORIOL. May I ask what is a county home? Is it a skilled nursing home?

Dr. DAVIS. No, the county home is what was established when Indiana was first established as a State. Each county sets up a county home. They purchase their land and incidentally at the very beginning the operator of a county home or the superintendent of the county home had only one qualification. He had to be a farmer. Unfortunately he still is a farmer for the most part. You have no assurance that he knows anything about how to deal with people or any comprehension of their physical needs. He still is a farmer and he is employed to operate a farm for profit so that the county is out of pocket just as little as possible.

COUNTY HOMES

Mr. ORIOL. Who goes to the county home? On what basis does a person become a resident in a county home?

Dr. DAVIS. The indigent are sent there but in addition to the indigent there are many people who have gone to the county home for lack of any other local housing and pay their own way.

Mr. ORIOL. By pay their own way, you mean they pay to be a resident?

Dr. DAVIS. Pay to the county commissioners as residents of a county home.

Mr. ORIOL. About how much do they pay a month?

Dr. DAVIS. We are in the process in Tippecanoe County now of trying to build a new county home. It is estimated that if we could get this built we could entertain paying guests in such a fashion that the man and his wife can live together in a facility which is not true now. Generally speaking in county homes, the women live in one building and the men in another. They don't even eat together and after a period of living together for maybe 40 or 50 years they finally find themselves in a facility where they can't live together, they can't even eat together. We are trying to build a county home in which we will have some efficiency apartments for a man and wife and we anticipate that there will be a good many people in the county that come to the county home to spend their final days as paying guests.

Mr. ORIOL. How is construction of a county home funded?

Dr. DAVIS. By bond issues by the commissioners of the county.

Mr. ORIOL. And there is no Federal program of any kind that can be used?

Dr. DAVIS. Not to my knowledge.

Mr. ORIOL. In effect, you are supplying housing?

Dr. DAVIS. This is correct, because low-cost housing has not been provided by the community otherwise.

Mr. ORIOL. Has any attempt been made to relate a Federal program to this kind of country home construction?

Dr. DAVIS. I know of no such effort; no.

Mr. ORIOL. Do you think it is worth the attention of this committee to look further into that?

Dr. DAVIS. I most certainly do. We have 92 counties in Indiana but we don't have 92 county homes. We have probably now not more than 65 county homes. The last I heard was 71. I expect we have lost a few of them since then. In that instance the county commis-

sioners take the few people that are left and they think it isn't reasonable to operate the county home for the few people involved and they pay the way of those people in an adjoining county or nearby county.

Mr. ORIOL. Do you have a rough idea of what the total population in county homes is? This is strictly for the elderly?

Dr. DAVIS. Yes.

Mr. ORIOL. What is the total population in county homes in Indiana?

Dr. DAVIS. I think the last I checked on the thing there was somewhere in the neighborhood of about 3,500 and 4,000 people.

Mr. ORIOL. Do you have any notion of what the waiting list might be, if there is one?

Dr. DAVIS. There is quite a sizable waiting list of people who want apartments, who want to live together. This is true of the Tippecanoe county home on the second floor and lots of people can get to the second floor so that the second floor is not in use.

Furthermore the building is over 100-years-old and it is a firetrap, call it what you choose. So the county commissioners and the general public are not interested in doing anything with that facility as it exists now. They want to tear it down and build a new one that is fire resistant at any rate.

DENTAL CARE AND HEARING AIDS

Mr. ORIOL. You mentioned that dental care and hearing aids are not provided. Do you mean they are not provided under State welfare?

Dr. DAVIS. The county commissioners in the county homes do not have generally speaking any money in their budgets to spend on eye care or hearing aids or dental care or anything of this sort.

Mr. ORIOL. Is this a means test? Yes; there is a means test to become a resident, isn't there?

Dr. DAVIS. That is right.

Mr. ORIOL. So that puts them on welfare?

Dr. DAVIS. That is right.

Mr. ORIOL. So it is under the State welfare program that they do not receive this attention?

Dr. DAVIS. That is right.

Mr. ORIOL. What I still can't understand is how they pay rents if they are on welfare?

Dr. DAVIS. They are not all on welfare. Some are there as paying guests. They have gone there because they can't find other low-cost housing in the community and if there is room left in the county homes, which is true in many county homes, they go there because there is no place else to go for the amount of money they have available.

Mr. ORIOL. What does a paying guest pay, roughly?

Dr. DAVIS. I think it runs in the neighborhood of \$70 for a man and his wife.

Mr. ORIOL. A man and wife can live together then?

Dr. DAVIS. Some of them do arrange the question but in our case we have no way in which we can do it at all in Tippecanoe and this

is true of the majority of them. Housing for a man and his wife in a single room is not a possibility. As I indicated, they are not even fed in the same dining room. The men are fed in one dining room and the women fed in another dining room.

Mr. ORIOL. Are there many complaints about this? I imagine it is one of the most damaging things that there could be.

Dr. DAVIS. I would think so.

Mr. ORIOL. In fact, at the State mental institution in Ypsilanti, Mich., they discovered that bringing men and women together for the activities during the day brought about remarkable changes.

Dr. DAVIS. Right.

Mr. ORIOL. Excuse me for interrupting you.

Dr. DAVIS. Yes, sir. A study has been made of the need of elderly people in rural communities in Indiana, made by the Purdue University Cooperative Extension Division, with the help of Home Demonstration Club personnel. As part of this report I refer to the finding of a study made in Spice Valley Township of Lawrence County, Ind., and I call special attention to the recommendations made as a result of this study.

These recommendations relate to programs that the group making the study thing should be initiated.

VISITING PROGRAM RECOMMENDATION

First, was a visiting program by home demonstration clubs and churches. I think that we lost sight of the fact that many people die of lonesomeness rather than anything else and certainly whether they are living in their own homes or whether they are in institutions of one sort or another, the fact that nobody comes to visit with them, nobody comes to see them at all, they just sit there with no contact with the outside world at all, is certainly not commendable.

High on the list of recommendations was the establishment of a visiting program by home demonstration clubs and churches. I may say in passing when I speak of churches that the administration on aging selected the State of Indiana to put on a demonstration project that would tend to interest churches as a whole more in the field of aging. We held a meeting in Indianapolis in late January to which about 100 representatives of various denominations came.

Now, we recognize that we got a reaction from them which is good and we found an interest there but we haven't got individual members of church congregations informed at all. It is our purpose now and we will have a meeting on the eighth of June to design a series of regional meetings so that we may reach individual members of church denominations, church congregations, I should say, to get past the leaders and of the thing back to the people out in the State.

Mr. ORIOL. Dr. Davis, I am smiling because it happens that on June 8 and 9 here in Washington, Senator Williams will be conducting 2 days of hearings on how to increase the interest of churches, nonprofit organizations, unions, et cetera in federally supported programs for the elderly.

Dr. DAVIS. That is interesting because the date was selected by somebody from the administration on aging as the date he wanted in Indianapolis.

Mr. ORIOL. But I mention this now in hopes that you will be able at your meeting to prepare a statement as a result of your meeting that we may include in the record of that hearing on June 8 and 9. The hearing record will remain open until July.

Dr. DAVIS. I will make a note of that. I appreciate your calling attention to it.

Mr. ORIOL. We would like very much to have it.

VISITING NURSING SERVICES

Dr. DAVIS. Among other recommendations they recommended the establishment of a visiting nurse and visiting nurse service available in many communities but there are communities in which there is a total lack of visiting nurse service over the State and particularly is this true in rural communities.

Third, a letter mailed about growing flowers and vegetables and canning. Apparently these home demonstrations club people recognize the importance of such information which is not in the hands of many rural people and they suggest a periodic letter to be sent that relates to items of this sort, sent to older people in rural areas.

A well seniors clinic or round up. I was in a meeting just last week at Turkey Run in which one member of the group said that she needed a physical checkup and it cost—the cost of this checkup, the lowest cost she could arrive at was \$40.

Now she did not have \$40 for a checkup. She was not on welfare and she did not want to even be on welfare. But this is a sorry situation when an individual who, as all older people, are advised now to go get physical checkups periodically so that they don't wait until something has progressed to the state where help cannot be had for them, it is a sorry situation when an individual can't get a physical checkup because he or she does not have the money to pay for the physical checkup. Some provision ought to be made through small clinics for such checkups at a reasonable cost within the reach of people that have very limited means.

MOBILE HEALTH UNITS

Mr. ORIOL. Do you think mobile units would be feasible?

Dr. DAVIS. I think mobile units would be very feasible, yes, I do. I think mobile units would be feasible in a great many respects. We could follow the pattern that the State of Michigan has followed relative to the testing of hearing.

They have a mobile unit which travels over the State and tests the hearing of older people. But we don't need to confine ourselves to testing of hearing in such a mobile unit. Mobile units could be used for general physical checkups I believe.

Mr. ORIOL. Yes. In our Arkansas hearing we received testimony on how a school bus was completely remodeled for use for just the purpose we are discussing here.

Dr. DAVIS. Right. Another recommendation for the establishment of a homemakers service. Even in our cities the number of homemakers in the State of Indiana is relatively small. It is entirely too small. But the homemaker moves into a situation where the mother in the

family moves out, we will say, because of illness or for some other reason and a family is adrift until somebody comes in to take over and do the job which the mother did.

I recall attending a national meeting of the homemakers group here in Washington a few years ago and I was impressed with the fact that they had almost a missionary air and properly so as far as I can see because the services that homemakers can render in a home for a short period of time are most valuable.

They just keep families from falling apart as a matter of fact, many times. But we don't have anywhere near the number of homemakers that are needed and of course this obviously means that we need to set up programs for training homemakers as well.

This could afford employment to some older people who need additional income as well as rendering a service to people who need the services of a homemaker. I made mention of transportation services on a paid basis. I have not any notion of how we are going to set this thing up although I was in a group yesterday in Hammond in which they were toying with the idea of setting up minibuses that would be available to older people to get them to places they needed to go, not only the senior citizens center but also they want to go to the doctor's office or they need to pay their taxes or something of this sort we will say.

In many instances no public transportation is available at all. The cost of taxis is just out of their reach. They are toying in Hammond with the idea of establishing a minibus service for older people of this sort.

If it is needed in Hammond it is doubly or trebly needed in rural communities where public transportation is almost nonexistent.

PROPERTY TAX EXEMPTIONS

Another recommendation made was a program to inform the aged of tax exemptions and other services available such as care of the mentally disabled. Now, obviously while I am talking about tax exemptions this whole area is an area of great concern.

We have just been holding hearings, a series of congressional conferences in which the Congressman was the only speaker and this has been a two-way street. We have attempted to get his constituents in each case to find out from the presentation made by the Congressman what his real concern was in the field of aging.

Then we have tried to inform the Congressman of what the needs of his own constituents are by way of written questions and observations that they completed and got to the Congressmen.

Now, the thing that bothers them on this more than anything else is how we going to pay our property taxes with the limited income we have?

In many cases then it is just practically impossible to do them especially in Indiana where we have revalued our property within the last year. We have a law which the commission on aging was interested in establishing which gives people who have an income of not more than \$5,000, a man and his wife together, and whose property is valued at not more than \$5,000, to give them a thousand dollars tax exemption

but many of those people who have been getting this thousand dollars tax exemption will not get it next year because their property has been revalued and we either have to raise the limits by other legislation in the next session of the legislature or some way has to be perfected to avoid many of them not getting even this little bit of relief that they got.

Mr. MILLER. Dr. Davis, if I may interrupt what percentage of older people in Indiana lives in homes with a valuation of less than \$5,000. Is that a market valuation?

Dr. DAVIS. I am sorry. I don't know how many people have been getting this tax deduction. But as I listened to these groups in these conferences and heard them talk about the homestead laws such as were passed by the State of Michigan and by other States as well, this is of prime concern to them above everything else. They just don't see how they can possibly pay their taxes and have enough money left to live on. I recognize that this is a question that the State itself has to settle.

Mr. MILLER. Is this \$5,000 a market value or an assessed value that may be substantially lower?

Dr. DAVIS. Assessed value I think. I am sure it is an assessed value, yes, because the assessed valuation will have risen as a result of reassessment in the last year and those people will not now be eligible for the thousand dollars which they have been getting for some little time we will say.

Another item that is listed by this group is that the churches need to be cognizant of the social needs of the older citizen. The strongest bond felt is to the church. The home demonstration program might work through churches to create a self-help program.

I make mention of that particularly in the light of the fact that we are in process of seeing what we can do about helping churches to recognize what their real responsibility is in this area.

There are only four others here listed. Radio as a great source of news and entertainment. Informative radio programs could be beamed especially to isolated people. Next the chief health disabilities seem to be arthritis and lack of dentures and eyeglasses.

The Indiana University Dental School could do a study of the aged. There was evidence of malnutrition. Meals on wheels types of arrangements and similar arrangements would serve this area well.

REDUCED PRICES FOR MEALS

I have a theory that there are a good many restaurants that would follow the cue of this San Francisco group that you saw in the recent copy of the Aged where the transportation costs were reduced for each individual using the cable cars to get downtown and a well balanced meal was provided for I believe it was a dollar to all older people who could identify themselves as being beyond 65 years of age. The thing that interested me was that the people who are offering these meals were so pleased with what they were doing that they quit trying to identify people.

They must have been convinced in the first place that nobody was trying to take advantage of them. So they were offering them to anybody who came in who said that they were beyond 65 for 65 cents.

I read that story and wrote to three concerns in Indiana who had essentially chain restaurants and I heard from two of them. The third one never replied to me. The first one served sandwiches primarily, a Burger Chef outfit. They said they just would not be in a position to do this.

This is their own decision. Another one who operates cafeterias, a string of cafeterias in Indianapolis, was very much interested and wanted to know what the cafeteria was that I referred to in San Francisco because he was going to San Francisco and proposed to find out more about it.

If he is back yet I have not heard from him. I don't know whether he is back or not. On just a pure gesture of this I stopped in a little town of Elwood, Ind., where there is a cafeteria that is very well known and very favorably known and I asked the operator of that cafeteria whether or not he would be interested in offering a reduced price for meals for older people whom we could identify as beyond the age of 65 we will say.

He indicated that had it not been for the fact that he had just sold the establishment to somebody else he would be very much interested in it because he thought it would be good advertising.

I have an idea that if we would work at this thing that we might find in many communities some food services that would be willing to provide reduced prices meals for older people as an advertisement.

Mr. ORIOL. On that point Doctor, in San Francisco the owners of the cafeterias are so enthusiastic about it that they have developed a package for the day. In other words, the people can make one stop and bring food back to their living quarters with them.

Now when you say good advertising, you mean community service?

Dr. DAVIS. For the general public to know that this cafeteria or this eating place was interested in serving older people at a reduced price would be a good bit of advertising for them and I think it would be good advertising.

TELEPHONE REASSURANCE PROGRAMS

Public-relations-wise I don't see how you could do any better. I have one other item that this group has lifted. Home demonstration clubs might have good deed days as a part of their citizenship program for lonely people in their own community. A magazine exchange would be welcome by many. I have not made this thing up but we have had varieties of telephone reassurance programs, telecare programs, call them what you want, established in Indiana.

One operates out of the public housing center. It was the old Continental Hotel which was bought by the city and set up as a public housing facility. One of the operators on the switchboard there is most enthusiastic because she figures that she was there only because nobody got to her home in time to get her to a hospital rather than leaving her there to die.

She had fallen and broken her hip. She could not get to a telephone; she was in no position to get any help at all but someone casually dropped by to see how she was and arranged for her to be taken to a hospital immediately and her life was saved.

She now is working on this telephone exchange. In this case the individual who lives by himself or herself makes the initial call and

this is variously done. Sometimes the call is initiated in the center to the individual but this in this case the individual calls the center once every 24 hours if no call comes in at a certain time the center says "it is time to find out because we have had no call from this individual" and arrangement has been made to contact a neighbor who has a telephone to ask that neighbor to go and find out if everything is all right or if there is no possibility of that sort of arrangement even be made for a member of the police or fire department to go by there and stop and check to see whether everything is all right.

Various sorts, of arrangements of this variety, have been made. I had an unusual thing happen. One of our State representatives who died recently did not leave his wife very much money. She did not have enough money to bring anybody to the house to stay overnight with her and she was nervous about staying there by herself.

She told her next door neighbor about her concern and her next door neighbor talked the thing over with her husband and the husband said, "You remember we used to have a bell out in the kitchen connected to the front door bell and we never took that bell out but it is not in use anymore. All I need to do is string a couple of wires from that bell over to her house and install a push button and when she needs help all she needs to do is push that button." So he installed this wiring which cost \$2 or \$3 and installed the illuminated pushbutton so that she did not have to go to the telephone.

She never had to use it but she checks the system periodically and pushes the button and the individual next door answers, goes to the phone and calls her, to see whether or not the system is working. She has never had to use it, never had occasion to ring the system in an emergency, but the amount of comfort that comes to her knowing that this system is there must be immeasurably helpful.

Any schemes that we set up to make a periodic check of people who live all by themselves of which there are thousands in the United States, millions I expect, certainly is deserving of attention.

Mr. Oriol, this completes my testimony.

Mr. ORIOL. Dr. Davis, before you get here, Miss Whittlesey from Vermont mentioned to Senator Hartke that she has heard you speak at many meetings and has always learned a great deal from them.

Here today we have another example of that. We especially thank you because your statement was drawn up under considerable time pressures. I have a lot of questions to ask you if we can push through.

Why don't we take a 2-minute break and then we will resume again?

(Whereupon, a brief recess was taken.)

OLDER AMERICANS ACT

Mr. ORIOL. Dr. Davis, we would like to resume now. First I would like to ask you is it true, Doctor, that Indiana is not now eligible for title III funds under the Older Americans Act?

Dr. DAVIS. Today this is correct. As soon as the State's plan reaches the fifth region of HEW, I think in record time, we will be eligible because the Governor issued an executive order on the 7th of April. The Attorney-General has ruled favorably on it. We have developed our priorities. We have included other addenda that need to go in

along with our State plan to the Governor. The plan in its complete detail with all the addenda will go to him today and I have no doubt we will testify that it is satisfactory to him. Then we have to have a release from the Attorney General you know and I think that can be had promptly.

I anticipate that Verna Due will have this in her hands by Friday of this week.

Mr. ORIOL. We spoke about this last October. What was the delay?

Dr. DAVIS. You mean why haven't we been qualified since 1965 in fact?

Mr. ORIOL. Yes.

Dr. DAVIS. All right. Well, in the session of the legislature prior to this last one we introduced a bill which passed the Senate with a nice majority and then got over in the House and was bottled up in committee in the House.

Mr. ORIOL. Why was it bottled up? Did they think it was a heavy spending program or what was the reluctance?

Dr. DAVIS. This is not a part of the record.

(Discussion off the record.)

Mr. ORIOL. We will go back on the record.

Just describe it.

Dr. DAVIS. In the last session of the legislature we introduced a bill which was passed by the House without a dissenting vote. It passed the Senate with one dissenting vote and the next day it was vetoed by the Governor in spite of the fact that the day before he had posed with me to have his picture taken as he signed our bill.

Mr. ORIOL. The Governor issued a public veto statement. Did he publicly give his reasons for this?

Dr. DAVIS. No. No, he did not. I made inquiries as to why he had done so. I was told that he had vetoed every bill for which the general assembly had not made sufficient budgetary provision.

There was nothing in our bill that called for any more money. In conversations with Dr. Kessler I had indicated that if we were going to enter this program we would have to have more money with which to operate than the \$28,000 we had in our budget. Somebody got the wrong notion altogether and I have been told recently that virtually the Governor was handed a package of bills that were to be vetoed and this one was erroneously slipped in there. He vetoed them because these were the ones to be vetoed and almost immediately after he was sorry to have done this because this was not one he wanted to veto.

Mr. ORIOL. I see.

Dr. DAVIS. In October he began through Kessler telling me that he would like to issue an executive order placing us under the merit system of the Purcell administration. At that time the regulation really relative to the amendments to the Older Americans Act had not been finalized and I wrote him and told him to hold his horses a little bit, that I did not think I wanted him to issue this executive order until we knew what the regulations relative to the amendments were.

So I can be charged with some of the delay at that time. It was not until about the first of the year that I wrote again and said let's get on our way.

So it took a little longer than I thought then but on the 7th of April he issued the executive order.

Mr. ORIOL. Now you do have a State plan for use of title III?

Dr. DAVIS. The State plan has all been worked out with Verne Adieux, I hope.

STATE PLAN FOR RURAL ELDERLY

Mr. ORIOL. The reason I am asking is to determine whether at this point in your State plan you have any provisions for dealing with rural elderly?

Dr. DAVIS. Not as such unless you consider our priorities as indicative of a special interest. Our first priority relates to State organization and planning. That could in a way relate to this particular area but it does not specifically do so.

Mr. ORIOL. In terms of priorities, the great need for referral, for an information center?

Dr. DAVIS. Yes.

Mr. ORIOL. Do you see that on a State basis, a county basis, a municipal basis or what do you think is the best way to get the facts to the people who need them?

Dr. DAVIS. Well, in Lake County, a county counseling referral office would not suffice obviously. In Lake County, certainly Gary should have one, Hammond should have one, Crown Point should have one and I suppose there are other communities in which one county office would not be sufficient.

But, generally speaking, with the exception of Fort Wayne and South Bend, and the Calumet area and Evansville, a county counseling and referral office, I think, would suffice. This is a bad situation.

John, you remember that at San Francisco, this gal who spoke referred to what happens to an older person when the older person goes to get help. The general tendency of the agency is, "This person is over the hill, there is no use spending any time on him or her," so that they brush them off as fast as they can and get rid of them.

I had that same thing brought to my attention at a meeting here in Washington later on when the head of the Welfare Department in Philadelphia described what happened to older people that came to their agency. He said the same thing happened there, too, and, as the meeting went on, others joined in and said—

This happens everywhere. Everybody is doing it. Now, if it comes to adoption, this is a different thing. We spend weeks and weeks. We are meticulously careful about placing a child in a home, but if it is an older person who comes in and wants information, get rid of him as fast as you can.

Mr. ORIOL. That is the attitude of the fellow who is supposed to give the help.

INFORMATION SERVICES PERFORMED BY ELDERLY

Earlier you were talking about the psychology of the rural elderly themselves, shying away from asking for help and much the same thing was said by our Vermont witnesses. Does this suggest to you that perhaps one of the best ways of providing information and referral for the elderly might be by the elderly themselves?

Dr. DAVIS. That certainly is right. You are right on that, without question. In other words, the elderly are going to be a little leery, I think, of the professional person. Now, if it is a neighbor of theirs who has an unusual interest in the problems that older people in that community face and he has been trained to advise with them and counsel with them and refer them to proper sources, I think they will listen to him much more than they would listen to a professional or semi-professional person that is in charge of the counseling and referral services.

Mr. ORIOL. You know, I believe that this bill, the Older American Community Services program, has been reintroduced to try to match up people who want to give service with the service that needs doing. Do you think that if that bill were enacted it would give you a resource to help develop the kind of county and perhaps municipal, organization you want through the State in connection with title III?

Dr. DAVIS. I certainly do think so. It is my understanding, though, that we have no money for it right now.

Mr. ORIOL. That is the RSVP program for volunteers.

Mr. DAVIS. You are not talking about the RSVP program?

Mr. ORIOL. No; at this point I was talking about a new bill introduced a few weeks ago by Senator Williams, Senator Kennedy, and Senator Randolph, which would set up under the Department of Labor an employment program to provide modest payment for services. The RSVP program would simply provide expenses for volunteers. It would seem to me that both programs could be useful in the ways we were just discussing.

Dr. DAVIS. I should think so.

MINIMUM SOCIAL SECURITY BENEFITS

Mr. ORIOL. As passed by the House last week, the social security bill does not allow for any increase in minimum benefits. Do you think this is a serious deficiency, especially when we are thinking in terms of the rural elderly? The minimum benefit now, I think, is about \$64. Do you think that that is especially meaningful for the rural elderly?

Dr. DAVIS. It is awfully hard to say what a minimum amount of money is that is required for rural elderly. Take the rural elderly who own their homes and have a little plot of ground and still have enough physical ability to plant their gardens and harvest their crops. As I drive through southern Indiana, which is dotted with one nice garden after another, it crosses my mind many times that you can't compare the amount of money that this family in southern Indiana needs to live fairly decently with what it is going to take for somebody who lives in Hammond, Ind., for example.

I think it takes very little money, as a matter of fact, for this family in southern Indiana who have a garden and whose needs are very limited as compared with people in urban areas. It is barely possible that they will not suffer unduly although, generally speaking, I see no reason why the bill should have left them by themselves. I don't see any reason why because they are at the bottom of the totem pole that they should be left at the bottom of the totem pole.

Mr. ORIOL. Yes. Our Vermont witnesses mentioned that even though some food can be grown in gardens that in rural areas the costs of other

kinds of food seem to be higher in some cases than in your urban areas.

Dr. DAVIS. This is right, and the costs of seeds themselves. I know. I am a gardener myself and when I get my bill from Burpees it isn't what it was a few years ago. It is considerably higher than it was a few years ago.

Mr. ORIOL. I wanted to get the details on the congressional district meetings. As I understand it, the Committee on Aging arranged these.

Dr. DAVIS. No, we arranged it ourselves. We wrote to each Congressman along about the 1st of January and proposed that we hold a congressional conference on aging in each congressional district and I wrote to inquire as to whether each Congressman would be willing to serve as a principal speaker. I made it clear that I wanted this to be a two-way street. I wanted his constituents to make up their minds from his presentation whether he had any real interest in the field of aging and I wanted him, on the other hand, to discover from written questions and written observations from his constituents what their concerns were. I have taken all of these questions. I have typed up every one of them and each Congressman is going to get back a complete listing of these questions for his own perusal.

In addition to that, we designed a 22-question questionnaire which we submitted to each individual by letter. We will have had by the end of the series, which ends on the 6th of June, 15 such meetings. Brademas had two meetings, one by accident. The snowstorm stormed him out in the first one, but he went to the appointed place nonetheless and some people showed up. Then he chose a later date and held the conference at a later date.

John Myers held two meetings, one at Bloomington and one at Terre Haute.

Zion is having meetings, one in Evansville, one at Vincennes, and one at Calumet City.

There will be a total of 15 meetings with a total attendance of somewhere between 1,800 and 2,000 people.

Mr. ORIOL. Have any Congressmen declined to do this?

Dr. DAVIS. No.

Mr. ORIOL. Do you get a feeling that Congressmen have done a little extra homework boning up on aging?

Dr. DAVIS. Yes, I think they did. I won't be specific but there was only one that made a political speech.

Mr. ORIOL. We won't ask.

Dr. DAVIS. I am not going to tell you, either.

WHITE HOUSE CONFERENCE ON AGING

Mr. ORIOL. As you know, the White House Conference on Aging is coming in three different stages and one of the first stages is for the week of September 20.

Dr. DAVIS. I am aware of that fact, and I wrote to John Martin when he sent out his schedule and I said, "I am sorry but we started this series of farm meetings before you sent out your schedule." And he said, "These congressional district conferences we consider as farm meetings."

— Mr. ORIOL. The purpose of my question was to suggest that perhaps the September 20th speakout session could be a trading of notes on what has happened since your first round, but, of course—

Dr. DAVIS. I am going to encourage another series in September, in spite of the fact that we had this series.

Mr. ORIOL. How were these meetings funded as to the expense of running them?

Dr. DAVIS. There was no expense involved. The only expense was the Commissioner which was paid out of the budget. We supplied the Congressmen with lists of people. I went back to our home economics people and the head of the Home Economics Cooperative Extension Division sent me the names of one individual in each county that she thought would provide us with a good, nice list of people in the county that ought to be invited to such a conference. Well, most congressional districts have seven or eight counties, or more, some of them more than that.

Lee Hamilton told me that he sent out 3,000 letters. His conference is this weekend at Clifty Falls. I don't think I furnished him 3,000 names, although I don't know because I didn't ask them to send the list to me to be relayed on but asked that they be sent directly to the Congressman.

So that takes care of that. There is no cost of the mailing because the Congressmen use their own privilege in franking.

Mr. ORIOL. If I may say so, I think you have provided a model for providing a direct line to Congress and it is something that this committee will take note of very carefully.

Dr. DAVIS. I think it has importance. I really do think that some of our Congressmen have gotten notions that they didn't have before at all about what the needs are. I am much more interested in that than I am in these constituents finding out what the Congressman thinks.

Mr. ORIOL. May we ask that you submit for the record, and I am sure Senator Hartke would want it personally, the details on this one decision that food stamps were not available unless a \$70 purchase of stamps was made. Was this a local decision?

Dr. DAVIS. Yes. I think it was Terre Haute.

Wait a minute.

No, it wasn't. It was at Vincennes, and I can go to the very man who told me about it.

Mr. ORIOL. I think we would like that information.

(The information referred to follows:)

ECONOMIC OPPORTUNITY COMMITTEE,
COMMUNITY ACTION AGENCY,
KNOX AND SULLIVAN COUNTIES,
Vincennes, Ind., June 24, 1970.

Dr. GEORGE DAVIS,
Commission on the Aging,
State Office Building, Indianapolis, Ind.

DEAR DR. DAVIS: I wish to apologize for such a late answer. The first letter was sent to Vincennes University and I did not get it until about the time of the second letter.

In relating directly to the quotation, I believe I made it in the application for the Older Americans Act funds. At that time it was accurate and was based on our experiences in taking people to the Welfare for stamps.

Since that time some improvements have been made. However, as late as February 1970 an applicant referred by our agency was requested to pay \$79.00 before they could buy stamps. The Township Trustee assisted him in making the initial payment.

There is a difference between the printed publicity and the actual practice. The procedure depends on the judgment of the Welfare office and this does vary in interpreting the guidelines.

However, as of the *present* time one older person who is on Welfare and makes \$100 a month may pay \$18 a month and get \$28.00 in stamps in return. They may buy semi-monthly at \$9.00 for \$14.00 in stamps. A two person family making \$110 in social security and old age assistance may pay \$26.00 and get \$56 in stamps. This also may be purchased on a semi-monthly basis. Even at this rate it represents 20% to 25% of income laid out at one time.

The Welfare office will certify an older person already on their rolls as an applicant but non-welfare people have to go to the stamp office and establish a base of income for an application certification.

In a number of cases we have had the Township Trustee in Vincennes assist in the initial payment. Many trustees are not so cooperative and some trustees refuse any help.

Respectfully yours,

KENNETH C. CARR,
Director of CAA.

USE OF MOBILE HOMES

Mr. ORIOL. Before you arrived here, there was some discussion by the Farmers Home Administration witnesses about the usefulness of mobile homes and they expressed serious reservations about it, or at least from the viewpoint of their program. You, on the other hand, suggested that there might be many uses for mobile homes. How do you think they could be used? Do you think, for example, people living in remote areas might welcome the opportunity to move closer into town and perhaps have a mobile unit camp nearby a community? How do you envision that?

Dr. DAVIS. Well, National Homes has a new plant down at Bicknell, as you know, now, building mobile homes. I was there the day they rolled the first one out. I talked to them briefly, the management there, as to whether or not they were giving consideration to designing mobile homes that would meet the peculiar needs of older people. He gave me no evidence of their really attempting to do that right now. But I think this can be done. If we can sell mobile-home builders on the idea that mobile homes can be brought together in a community with possibly a recreation center or call it what you want as a separate building to serve the various people that are living in these mobile homes, I don't see any reason why this can't be done.

Down at Loogootee, you know what the Farmers Home Administration facility is like. It is a very small little house to accommodate two people.

Mr. ORIOL. I am not sure whether you are talking about a mobile unit.

Dr. DAVIS. Do you know what the Farmers Home Administration buildings are like?

Mr. ORIOL. These are the individual homes?

Dr. DAVIS. Yes.

Mr. ORIOL. Yes.

Dr. DAVIS. They bought a piece of ground and put about, I think, a dozen or more of them together on this piece of ground which is an approach now to trying to find a facility to which you can attract a number of older people who live within close proximity to each other and whom you might serve in a program of social activities and so forth. But I haven't gotten word that this has worked out too well.

Mr. ORIOL. What do you think the attitude of the local municipal governing body will be? Will they welcome this type of development,

or might they find it something they don't want? How would you work with them to overcome any reluctance there might be?

Dr. DAVIS. Well, you had better figure ahead of time there is going to be reluctance. I will bet on that just as there is reluctance about the establishment of a trailer court anywhere within the city limits, and I don't know what kind of opposition you are going to run into. It may be very stiff opposition, so much so that you can't do this sort of thing. I don't know.

But I recall that when Elkhart was first talking about housing for older people, and this has been probably 10 years ago, they had had a couple of meetings and finally a final meeting on housing to which I was invited and somebody from FHA didn't show up and I was asked to take his place. And I made clear that I wasn't qualified to do what the man from the FHA would have done, but I wound up the affair by saying that the people in that community would probably hold another meeting on housing. They have had about three of them now and nothing has matured. If they held another one, I probably would come, but I would consider it a waste of time because they already knew what the need is and all they needed to do is now to move in to resolve this need and additional meetings are not going to do it.

I recall distinctly that one member of the group who is president of the so-called Pioneers Club—they weren't interested in Golden Age clubs but called themselves the Friendly Pioneers—took me out to one of the builders of mobile homes to try to interest him in the establishment of a village, a mobile home village to accommodate older people, to build a social center in the middle of the thing. He appeared to be interested, but nothing ever matured from it at all.

Now, whether they came to the conclusion that I later came to, that this would be a fine thing to propose for Florida or for Arizona, but I am not sure in my own mind whether you can reasonably consider the subzero weather that we experience occasionally in Indiana and with a perfectly clear conscience recommend the establishment of these accumulations of mobile homes for older people or not, I really don't know, because we have them and there is no way of knowing how frequently they are going to be with us.

Mr. ORIOL. You said before that your home economists could provide a lot of useful information.

NUTRITION

Dr. DAVIS. A lot of information certainly relative to nutrition and certainly relative to home arrangements.

Mr. ORIOL. I am not sure what branch of government these home economists are operating from. Is this the Extension Service?

Dr. DAVIS. The Cooperative Extension Service, yes. That is true in our place and the other schools that don't have Cooperative Extension Service will have departments of home economics and the National Home Economics people are very much interested in the whole field of aging. They held a special meeting on aging at Purdue here several years ago and this was the general theme.

Mr. ORIOL. Does each county have a home economist in Indiana?

Dr. DAVIS. They used to be called home demonstration agents. They are no longer called that. They are now called County Home Econ-

omist Extension people. I think, by and large, almost every county does. There may be a few instances where there are two counties that are brought together.

Mr. ORIOL. To go back to what you discussed before where you had been to a community two times to discuss housing needs and you were convinced that they knew what the needs were, you were convinced that they knew what they could do about the needs.

Mr. DAVIS. I want to finish up about that Kentland affair that I started to tell you about when Bruce Savage went up to a meeting. Maybe I didn't. Anyhow, the Methodist minister in Brook, Ind., asked me to come up there and meet with a group of members of his church to talk about housing for older people in Brook.

Well it happened that Bruce Savage, who, as you know, was in the Eisenhower administration, in the housing program here, public housing, is a member of our commission and chairman of our committee on housing. So I asked Bruce to go along with me.

We went up there. Newton County probably has more wealth or almost more wealth than any other county and farming landwise it is the richest county in the State.

Bruce surprised me that day by politely telling this group that if they were interested in Federal money to build housing for them he wouldn't make a move to get any for them because they didn't need any Federal help, they had money enough to build anything they wanted, and much to my surprise they took it instead of getting mad about it.

NURSING HOME AND RETIREMENT HOUSING

The committee met and finally they were incorporated and they were last interested in building a nursing home. There is only one nursing home in that county and that is at Kentland, with a capacity of 19 people. It was operated by the superintendent of the George Ade Memorial Hospital. The George Ade Memorial Hospital is about 2 miles east of Brook on the property where the George Ade home stood.

I stopped to see her one day to see whether or not she was interested in another nursing home or whether she was going to be unalterably opposed to it. She was very much interested in another one being built, and expressed the hope that it might be built near the hospital so that it might possibly if not be managed by the hospital board, at least services might be available because of the proximity that wouldn't otherwise be available.

One farmer up there announced that he would sell 70 acres of land, which is equivalent to about \$70,000, and turn it over to a fund to establish this nursing home and that he was sure he could get additional money from other people to do the same thing.

Well, finally, the minister left town and a new board was organized and this farmer was made chairman of the board.

I went up there to talk with him and took along some people from Nebraska that had been building nursing homes and retirement homes, and so forth. I can't think of the name of the concern right now. I took them along with me.

What came out of it is what I want to get to.

-- You see, in the county there is Brook which has a population of maybe 300 or 400 people, Morocco which maybe has 1,000 people,

Goodland, another small community and Kentland, the county seat, which maybe has 2,000 or 3,000 people in the county seat.

When it came to talking about retirement housing in each of these communities there were people who were interested in retirement housing but not if they had to move to one of the other communities. If the retirement housing was to be built in Brook the people from Morocco or Goodland were not interested in moving to Brook and certainly not the people from the county seat moving to Brook.

Finally, they came up with the idea that they would build in each community 12 units of retirement housing so built that it could be added to as the occasion demanded additions. This is the plan on which they are proceeding.

I got a letter from one of the Funks, the Funk Seed-Corn outfit there that has been involved in the thing throughout, telling me that apparently this was going to mature all right and that all the communities were going to have those dozen units of retirement housing in each community. I think this maybe points to a plan of providing retirement housing which we haven't been thinking about. We have been thinking that you have to build one retirement unit that accommodates 60 or 100 people and we have been talking about people moving from one part of the county to another and thought there was nothing objectionable to that as long as they are in the same county, but we don't like to have them move through several counties to reach it.

But, by George, in that county they are not even willing to move from one community in the county to another. They want to stay in the same community in which they have been living all their lives and by providing this retirement housing in small units of that sort they think they can do it.

Mr. ORIOL. Is this the county that is so rich that they don't need Federal funds?

Dr. DAVIS. They don't need Federal funds.

Mr. ORIOL. So that they are doing it without Federal help?

Dr. DAVIS. Yes. They have made a few inquiries about the Farmers Home Administration, but I have discouraged them every time they mention it because I agree with Bruce Savage that they don't need any money. They have all the money they need.

Mr. ORIOL. In those counties that aren't that rich—

Dr. DAVIS. That is a different thing.

RESTRICTIONS IN FEDERAL POLICIES

Mr. ORIOL (continuing). Are there any restrictions in Farmers Home Administration policy or maybe in HUD policy that would preclude using the same approach of scattered and limited use?

Dr. DAVIS. I have a feeling from what I know of it that the Farmers Home Administration has the unit, the design of the unit all set and when they say, "We will furnish you a unit or units for housing", you are going to get that design. You are not going to be given the privilege of designing it.

Mr. ORIOL. Therefore making it less attractive to everybody, including the community.

Dr. DAVIS. Right.

Mr. ORIOL. In these communities, as so often happens, a group of interested citizens will explore the need, determine it and then come up with a plan and that is it. They don't get any further. I can't help but wonder whether there might be something that could be done at the State level, perhaps a State bank, possibly helped with some sort of Federal funding to give direct help and financial incentives to people trying to take that kind of community action.

Do you have any immediate response to that sort of approach?

Dr. DAVIS. Well, of course, we haven't been involved in any of the demonstration projects, so that by experience I have no experience on which to judge.

But it has been my feeling, as I have talked to other executive directors of commissions, that the minimum of 3 years is up and the Federal Government said, "Now it is up to the community to carry this on." They just pulled the rug out from under them and one after another went under the well.

Mr. ORIOL. I was thinking about housing at that point.

Dr. DAVIS. Oh, of course we have had several experiences in Indiana that are illuminating. One of the most illuminating was one down at Freelandville, a town of about 500, which had a district conference at Evansville one day and one man of the group said they were interested in housing at Freelandville.

HOUSING WITHOUT FEDERAL FUNDS

I didn't even know where Freelandville was, but I nailed him after the meeting was over and found out that one member of the Christian Church board one night had indicated he thought they ought to begin thinking about some special housing for older people and he put in a thousand dollars to start the ball rolling. In addition to that, they were having bake sales and things of that sort to add to the fund and I thought, "Lord, they are all going to be dead before they get enough money to do anything."

So I made arrangements to go there and visit them and I was going for one purpose, to advise them to abandon the idea because I thought this was going to prove to be a boomerang and when I got there, there was no use to talk against it because they had already made up their minds. They dedicated the following June, 26 units, all taken. This has operated for a couple of years and then they doubled the capacity. Nobody asked for a dime of Federal money anywhere at all. It was all done locally. It was done by a group of German farmers. That population down there is a German population. They don't spend money like drunken sailors. They don't buy anything they don't need. When they need something of this sort, they have the money right in their pockets to do it.

There are communities which are not of that character, don't have the money. But they did it and that is the way they did it.

But the same thing was done over at Burney, Ind., in the northeast part of the State. This, again, was a group of Swiss people who, I suppose, had the same characteristics as this group at Freelandville. They got a nice bequest of some couple of hundred thousand dollars from one individual, but, again, they built the so-called Swiss Village. They did use some Hill-Burton money to build the hospital end of

the thing but the retirement home end of it was all local money. They didn't ask the Federal Government for any money at all.

I am not sure about the one at Hebron. This is a church organization which built this. It wasn't a 202. I think this was built without any Federal money, too.

Of course we have quite a sprinkling of church-supported retirement homes in the State that haven't been built by Federal money. I am on the board on the Westminster Home. We took over the retirement village that the retired teachers built in the State of Indiana. They couldn't make it go so that we bought it. We have started out with a view to acquiring a plush facility such as that and this is the difficulty with all of these church homes. They are entirely too plush.

Mr. ORIOL. Are you going to tell them that at your June 8 meeting?

Dr. DAVIS. I have told them that. I told them that. When the Northwest Conference of the Methodist Church met and Bishop Crane was at the dinner that evening, I told him that this is my objection to them, that they did not serve the needs of the middle-income group. I don't object to them being built because there are people with means who need these, but they don't do anything with people in the middle group. This committee on housing in the Senate was set up with a view toward building older housing for middle-income group people. This couldn't be passed up because it was too good a price for us so we bought it but we have just gotten word just last week, well, on the 13th of this month, that we are going to break ground for a 236 building that will be built on the same facility.

Mr. ORIOL. When you say "we"—

Dr. DAVIS. I mean the housing committee of the Senate of Indiana.

Mr. ORIOL. Dr. Davis, we could just go on picking your brain.

Dr. DAVIS. I mentioned that one particularly because I want you to know that we are not turning our back on what our original purpose was; namely, to find housing for people with middle incomes. We are building this for that in spite of the fact that we have the other facility there that takes care of people with means.

Mr. ORIOL. I have two additional questions which I will just pose to you at this point because I think they require a little thought more than we can give right now and they will be in the transcript you receive for correction. I will pose them to you now.

RURAL DEVELOPMENT

Within the past few years there have been several reports, including ones that the people left behind, talking about rural development. There has been growing attention given to the possibility of what is called rural redevelopment, bringing people back to the rural area and therefore relieving pressures on the cities.

President Nixon has now established a Rural Affairs Council and I am sure you probably read the task force report. The question I would like to pose to you is how can we make this trend toward rural redevelopment work for the benefit of the elderly? What recommendations would you give to President Nixon's Rural Affairs Council to make sure that the elderly are not just overlaid by new development but become part of it? You can see why this is not something you can answer immediately.

Dr. DAVIS. No, I can't, that is right.

Mr. ORIOL. The other question I would like to ask you is what your recommendations would be to make certain that adequate attention is given toward the rural elderly at the White House Conference on Aging in 1971? Do you think that there should be a special study section on rural, or do you think perhaps there should be some other kind of division, or should there be no division at all? How can we make sure that this conference deals adequately with some of the problems that we are discussing there?

Those are my two questions. They will come to you in the transcript. (The information referred to follows:)

STATE OF INDIANA,
COMMISSION ON THE AGING AND AGED,
Indianapolis, Ind., June 30, 1970.

DEAR MR. ORIOL: To President Nixon's Rural Affairs Council these recommendations might be considered. The changes in rural development must be an individual growth in a decentralized fashion to provide economic basis for rural communities to develop. Emphasis should be to make the area more attractive to the young as well as provide services to the elderly.

1. Need jobs for the young to keep them in the rural area. Encourage industrial decentralization by tax credits, etc. Provide economic supports for farm activities of the family kind of farm. Encourage the development of good consolidated schools to attract and keep young families.

2. Health care facilities must be developed and expanded: Doctors must be attracted to small places by decent hospitals, financial inducements, etc. Extended care facilities must be developed. (See my reference to Health Care Facilities in my statement made at the hearing).

3. A housing program to provide appropriate facilities for elderly and attractive places for the young should be developed. Provide support for repair and maintenance of existing homes. Indiana's experience in Lawrence, Orange, and Washington counties with the home repair program financed through the Economic Opportunity Services clearly indicates the importance of such a program both from the standpoint of making homes of older people much more inhabitable and from the standpoint of providing employment for older people in making the repairs.

4. Entertainment and Club facilities for older people and for younger people as well must be provided if people are to be attracted back to rural areas.

5. Housing, health facilities, recreation facilities, should be encouraged to make it easier for the young to remain and the young and the old to live independently of each other but in close proximity to maintain family, social, and support ties.

6. Values of rural elderly constitute a special problem. Their values favor self-reliance and independence; hence, public programs of support are looked upon with suspicion and disfavor.

To the largest extent possible, then, programs for the rural elderly should be developed on a local level, with local involvement of people to be benefited.

Cordially yours,

Dr. GEORGE E. DAVIS,
Executive Director.

STATE OF INDIANA,
COMMISSION ON THE AGING AND AGED,
Indianapolis, Ind., October 5, 1970.

* * * * *

The second question which Mr. Oriol asked was what my recommendation would be to make certain that adequate attention was given toward the elderly in the White House Conference on Aging in 1971.

It is my feeling that the rural elderly will not get adequate attention unless there is a special study section set up dealing with the problems of the rural

elderly. In each State there is a cooperative extension program operating out of the Land Grant College which has a good grasp of the problems of the rural people including the rural elderly. This group should be able to help develop recommendations which a special study section on the rural elderly could consider. I know of no other group that is more capable of sound advice in this instance than is the cooperative extension group.

Cordially yours,

Dr. GEORGE E. DAVIS,
Executive Director.

Mr. ORIOL. John Guy, do you have questions?

Mr. MILLER. I have no questions.

Mr. ORIOL. Thanks once again, Dr. Davis, for being of help to us. I am sure Senator Hartke will let you know how he reacts to your statement.

Dr. DAVIS. I am glad to help in any way we can.

(Whereupon, at 1:25 p.m., the committee recessed, to reconvene at 10 a.m., Tuesday, June 2, 1970.)

APPENDIXES

Appendix 1

ADDITIONAL INFORMATION FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. LETTER FROM DOROTHY BAUER TO WILLIAM ORIOL

THE NATIONAL COUNCIL ON THE AGING,
Washington, D.C., April 30, 1970.

DEAR MR. ORIOL: With reference to our conversation today, I am enclosing a copy of a letter from Dr. Roger Leach, Field Program Coordinator for the Extension Service at the University of Maine.

As a background to this letter, the Department of Labor on January 5, 1970 approved a modification of our Senior Community Services Project contract to permit the hiring of 75 additional aides. These job titles were divided between Social Security and nutrition aides. Thirty nutrition aides were assigned to the University of Maine Extension Service and Dr. Leach has participated in setting up a training and ongoing supervision program for them. While the modification was intended to extend only until May 31st, I have recently requested from the Department of Labor permission to extend it for one more month in order to have its phase-out period coincide with that of the prime contract, which is June 30, 1970.

I think you will be interested in Dr. Leach's comments regarding his experience with these nutrition aides. When I took the letter to the Department of Labor project officer, he said it was one of the finest letters they have yet received in support of the Senior Community Service Project.

Cordially,

DOROTHY BAUER,
Director, Senior Community Service Project.

EXHIBIT 1. LETTER AND STATEMENT FROM ROGER S. LEACH

COOPERATIVE EXTENSION SERVICE,
UNIVERSITY OF MAINE,
Orono, Maine, April 22, 1970.

DEAR MRS. BAUER: The Senior Service Corps Nutrition Aide program administered by the Maine Cooperative Extension Service currently involves 30 half-time paid aides and 3 volunteer aides working in three areas of the state. The recruiting, interviewing and training of the aides has been a joint effort of Extension and the local Community Action Agencies. Aides received approximately two weeks' initial training in nutrition and helping skills. Weekly training sessions are held based on the needs of the aides. A copy of the orienta-

tion training program, training materials list, and job description are enclosed. Members of our county Extension professional staff supervise the aides and additional support for the program is provided by our Nutrition Specialist and other state level staff.

We are extremely pleased with the progress made by these Senior Service Corps Aides in the program with less than three months' operation. They are now working with approximately 830 low income families, most of whom are receiving donated commodities. This number of client families compares very favorably with the workload of the aides in our on-going nutrition aide program where we hire full-time aides. We are convinced that this is a most effective and economical way to involve senior citizens in productive, meaningful activity.

It is difficult to evaluate a program of this kind because we are dealing with changes in people. We can see and feel the changes in the aides and the families with whom they work. We know significant things are happening. Here are some examples:

A 60-year-old enrollee who worked for the Community Action Agency for 1½ years as a food assistance worker has now been hired as a full-time Extension Nutrition Aide.

One Senior Service Corps Nutrition Aide had been chronically ill for several years and was very hesitant about trying to work half time. She has become one of our best aides.

A male aide located an old man who had been living all winter on potatoes, apples and beans. After several calls the man agreed to apply for donated commodities. He is now back to work after several years unemployment.

A family of four trainable retarded children was referred to our aide supervisor. The mother is dead and the father has become hospitalized. The 16-year-old daughter is now taking cooking lessons in the home of one of the nutrition aides and the aide is helping the children manage their home while the father is away.

One of the aides found her work so satisfying that she has involved several of her neighbors so "they can share in the enjoyment of seeing those old people smile again!"

It is obvious that our professional staffs and the aides have become committed to this program and to each other. We are prepared to provide the staff resources necessary to continue the program beyond May 31 if funding of the project can continue. We hope that you are in a position to extend your support to the project.

Very truly yours,

ROGER S. LEACH,
Field Program Coordinator.

[Enclosures]

YORK COUNTY TRAINING PROGRAM FOR NUTRITION AIDE FIELD STAFF¹

| Week of Feb. 9-13, 1970 | 9:30 to 12 | 12 to 1 | 1 to 2:30 |
|-------------------------|--|---------|--|
| Monday, Feb. 9 | Getting acquainted with each other | Lunch | Getting acquainted with the Job ahead. |
| Tuesday, Feb. 10 | Learning to help | do | Who? What? When? Where? How? |
| Wednesday, Feb. 11 | What food means to people | do | Why we need food. |
| Thursday, Feb. 12 | Facts and figures (pay, reporting, travel, hours, etc.) about the "Job," | do | Where do we go from here? |
| Friday, Feb. 13 | Joint staff meeting | do | Go on first visit. (Contact workers with A.) |

¹ Orientation training session. Weekly training sessions of half day/full day to be conducted for duration of the program.

EXTENSION NUTRITION AIDE TRAINING MATERIALS

| | Agent | Aide | Home-makers |
|--|-------|------|-------------|
| FES: | | | |
| Training program assistants PA-681..... | X | | |
| Handbook for program assistants PA-680..... | | X | |
| Supplement (in process)..... | | X | |
| Food for thrifty families (FES packet B): | | | |
| Suggestions for trainer agent PA-743..... | X | | |
| Guides for program aide PA-744, 745, 746, 747, 748, 749..... | X | X | |
| Small daily food guide C. & M.S. 23..... | X | X | X |
| Large daily food guide C. & M.S. 23..... | X | X | X |
| C. & M.S. leaflets..... | X | X | X |
| Food for young families: | | | |
| Guide for agent PA-700..... | X | | |
| 6 leaflets PA-691-696..... | X | X | |
| Smart shopper recipes (camera copy for reproduction)..... | | | |
| USDA materials: | | | |
| Family fare G-1..... | X | X | |
| Moneysaving main dishes G-43..... | X | X | |
| Eggs in family meals G-103..... | X | X | |
| Vegetables in family meals G-105..... | X | X | |
| Poultry in family meals G-110..... | X | X | |
| Cheese in family meals G-112..... | X | X | |
| Beef and veal in family meals G-118..... | X | X | |
| Fruits in family meals G-125..... | X | X | |
| Milk in family meals G-127..... | X | X | |
| National Dairy Council: | | | |
| Comparison cards..... | X | X | |
| How your body uses food..... | X | X | |
| Feeding little folks..... | X | X | |
| Food models..... | X | X | |
| Display for food models..... | X | | |
| Slides and filmstrips: | | | |
| FES: | | | |
| Selecting and buying food..... | X | | |
| How food affects you..... | X | | |
| NDC: | | | |
| How food becomes you..... | X | | |
| Feeding your young children..... | X | | |

YOUR JOB AS AN EXTENSION NUTRITION AIDE

1. Become acquainted and work with individuals and groups of low-income homemakers and youth.
2. To recognize interests of the homemakers and begin the program at this point. Then to recognize "real needs" and attempt to guide homemakers into action which will meet these needs.
3. To adapt teaching methods and content to meet the needs and interests and abilities of each homemaker.
4. Teach mothers and youth in groups and individually—
 - a. How to prepare food using simple recipes for low-cost milk, inexpensive cuts of meat, fruits and vegetables, and cereals.
 - b. To plan and prepare complete and balanced meals.
 - c. How to shop for food, pointing out dramatic cost differences in various foods, such as staples, milk, vegetables, fruits, cereals, etc.
 - d. How to keep and store food to prevent waste.
 - e. The value and use of food stamps and donated food programs.
 - f. An understanding of basic nutrition.
 - g. How to become better managers of all resources—money, commodity foods, food stamps.
5. To involve husbands in the program where feasible.
6. To provide informal small group learning situations and attempt to move homemakers into the group learning situations. To recognize that some homemakers are more advanced and are capable of moving faster than others.
7. To discuss and encourage families to participate in other Extension Service programs.

8. To collect information about the families and their living conditions and record this in the "Home Visit Schedule" which is kept on each family.

9. To keep a daily log and prepare group meeting reports and other reports as required.

10. To prepare time and mileage reports and other necessary operational Extension reports.

11. To be aware of community resources and encourage families to utilize appropriate ones.

12. To participate in regular conferences scheduled with the supervising agent and other conferences as scheduled.

